# **Colorado Veterinary Specialty Group**

401 East County Line Rd Littleton, Colorado 80122

Phone (303) 794-1188 reproduction@cvsg.com

# FROZEN SEMEN RELEASE FORM FOR DOMESTIC SHIPMENTS

Submission Date:	Requested	Delivery Date:
Semer	n Owner Information	
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Dog's Registered Name:		
Registration Number:	Breed:	
Number of breeding units to be Shipped:	Original Collect	tion Date(s):
Semen owner signature		
Veterinarian Information - Se	emen will only be ship	oped to a veterinarian
Veterinarian Name:		
Clinic Name:		
Address:		
City:	State:	
Phone:	Email:	
Bitch and	Bitch Owner Informat	tion
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Dog's Registered Name:		
Registration Number:		

PLEASE EMAIL TO REPRODUCTION@CVSG.COM



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## **Dry Shipper Agreement**

A credit card number is required for shipment of frozen semen. There is a \$1000.00 deposit required for use of a dry shipper to transport frozen semen. If the shipper is not returned within five business days, a \$15/day charge will accrue until day fifteen (15) at which time a forfeiture of the deposit will occur. The deposit will not be charged unless the tank is not returned or is returned damaged through no fault of the shipping company.

### **Estimated Summary of Charges**

Frozen semen preparation for transport \$98.00

Dry shipper rental \$103.00

\*\*Rush preparation fee \$110.00

Shipping fees for overnight delivery and 2-day return \$500.00 – 650.00

Saturday Delivery \$15.00 – 30.00

Additional Insurance on Shipment \$2.00 per \$100.00

\*\*Rush fee: Shipments requested without a three day notice are considered rush shipments and will incur an additional \$125 fee \*\*

Additional Insurance: Customer assumes responsibility for the shipment once it leaves Colorado Veterinary Specialists. The shipment is insured for \$1,200.00 to cover the cost of dry shipper replacement only. Additional purchased Insurance will cover the contents of the vapor shipper. The fee is an additional \$2.00 per \$100.00 additional insurance.

#### **Credit Card Authorization**

I, the undersigned	, understand that Colorado	Veterinary Specialists has provided an estimat	e to	
the preparation and shipp	ing of frozen semen. By sign	ing this agreement, I authorize Colorado		
Veterinary Specialists cha	ge my credit card for the ch	arges as provided in the estimate. In addition,	, if	
the tank is not returned w	ithin 15 days or if it is return	ned damaged through no fault of the shipping		
company, I understand th	at my credit card will be cha	rged an additional \$1,200.00 replacement fee.		
Name on credit card:				
Credit card number				
Ex. date	cvv code	Billing zip code:		
Additional insurance requ	ested (optional, \$200 minim	um):		
f you would like to be billed for shipping directly by FedEx (optional):				
FedEx account number: _				

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