



**Animal Clinic
Northview, Inc.**

36400 Center Ridge Rd.
N. Ridgeville, OH 44039
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Phone: (440) 327-8282
Fax: (440) 327-8845

FRESH CHILLED SEMEN REQUEST FORM

Stud Dog Information

Stud Dog's Call Name: _____ Today Date: _____

Stud Dog's Owner's Name: _____

Breed: _____

Bitch's Information

Bitch's Call Name: _____

Bitch Owner's Name: _____

Bitch Owner's Address: _____

Bitch Owner's Phone Number: _____

Bitch's Email Address: _____

Shipping Information

If this shipment is to be HELD at the FedEx location or shipped to a hotel, please fill out the address and receipt's name with phone number below.

Veterinarian's Name: _____

Veterinary Clinic's Name: _____

Veterinary Clinic's Address: _____

Veterinary Clinic's Phone Number: _____

Payment Information

Credit Card #: _____

Expiration Date: _____

V-Code: _____

DISCLAIMER- ANIMAL CLINIC NORTHVIEW, INC. IS NOT RESPONSIBLE FOR LOST OR DAMAGED SHIPMENTS ONCE THEY LEAVE OUR FACILITY, INCLUDING (WITHOUT LIMITATION) ANY LOSS OR DAMAGE CAUSED BY THE SHIPPING COMPANY. THE REQUESTING PARTY BEARS ALL RISK OF LOSS, DAMAGE OR DELAY FOR ANY SHIPMENTS, AND HEREBY RELEASES AND HOLDS ANIMAL CLINIC NORTHVIEW INC. HARMLESS FROM AND AGAINST ANY LIABILITY FOR THE SAME.

Authorized Signature _____ Date _____