



CREDIT CARD AUTHORIZATION FORM

RANDALL POPKIN DVM 604 ELSA DR. SANTA ROSA CA 95407

BREEDER'S VETERINARY SERVICES

I, the undersigned, understand that Breeder's Veterinary Services, BVS will provide an estimate for services rendered. By signing the estimate, I authorize Breeder's Veterinary Services, BVS to charge my credit card for the charges as provided in the estimate.

I also authorize Breeder's Veterinary Services, BVS to put my credit card number on the Federal Express air-bill to pay the charges to ship the tank to it's destination and back to Breeder's Veterinary Services, BVS.

BY SIGNING BELOW I UNDERSTAND AND AGREE TO ALL OF THE ABOVE

PRINT NAME HERE OWNER/CO-OWNER: _____

SIGN NAME HERE: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____ TODAY'S DATE: _____

VALUE OF SEMEN FOR SHIPPING INSURANCE \$ _____ (ADDITIONAL COST PLEASE ASK)

CARDHOLDERS NAME: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____ FAX: _____

CHECK ONE: VISA MC CC# _____ CVV#: _____

EXPIRATION DATE: _____ PHONE NUMBER(S): _____

BILLING ZIP CODE: _____

I HAVE READ AND UNDERSTAND THE CHARGES AS OUTLINED ABOVE AND AUTHORIZE THE USE OF THE CREDIT CARD LISTED.

SIGNATURE: _____

REGISTERED NAME OF DOG: _____ MICROCHIP/TATTOO NUMBER: _____

REGISTERED NAME OF BITCH: _____ MICROCHIP/TATTOO NUMBER: _____

SHIP TO THIS ADDRESS:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

PLEASE FAX BACK TO 707 583 7863 ADDITIONAL FORMS AVAILABLE AT WWW.SHOWDOGMED.COM

SHOWDOGMED.COM PH.707.495.6424