

**Sharon Vanderlip, D.V.M.**  
**Veterinary Reproductive Medicine and Surgery**  
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## STANDARD AGREEMENT FOR SEMEN SHIPPING

**Importer Information:**

Name:  
Address:

Phone:  
Email:

I hereby certify that I am the owner or agent and importer of the requested frozen canine semen and I have the authority to execute this consent. I hereby consent and authorize Dr. Sharon Vanderlip to send a dry nitrogen shipper to:

**Recipient information:**

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Name:  
Address:

Phone:  
Email:

- I understand that during the performance of the foregoing procedure(s), unforeseen conditions may occur. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary.
- I have been provided and have reviewed the estimate for fees.
- I understand that these fees are estimates and that the total may exceed the estimate. I understand that the total fees will be determined after all shipping and documents fees are known.
- I understand that results cannot be guaranteed.
- **I agree to pay for all shipping, documents, and other services provided by Dr. Vanderlip, in full immediately when provided. In the event that credit card payment is not successful, I agree to pay Dr. Vanderlip by money wire in US dollars. I have read and understand this authorization and consent.**

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Signature of Importer, Owner, or Agent

Date