



OPTIMIZE FREEZING GDO
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Authorization Form for Insemination with Frozen Semen Straws

This document must be completed by the owner of the semen straws.

Date : _____

Name of the male dog : _____

Microchip number : _____

Breed : _____

Name of the semen owner: _____

Address : _____

Phone number : _____

Email address : _____

Date and signature : _____

Number of straws to be inseminated : _____

Date of the freezing : _____

Name of the bitch : _____

Microchip number : _____

Name of the bitch owner: _____

Address : _____

Phone number : _____

Email address : _____

By signing above, you certify that the information provided in this document is true and accurate. You authorize Optimize Freezing GDO to perform the insemination of frozen semen straws from the dog mentioned above into the bitch mentioned above.