OPTIMIZE FREEZING GDO
Av. Franklin Roosevelt 104/7, 1330 Rixensart Belgium
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Email: optimizefreezing@outlook.com

Authorization form for the shipment of frozen semen

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

Date :_____

Name of the dog :_____

Microchip number :_____

Breed :_____

Last and first name of the semen owner :_____

Address :_____

Telephone number :_____

Email :_____

Date and signature :_____

Number of straws to be shipped : _____

Freezing date : _____

<u>Ship to :</u>

Name of the veterinary practice: _____

Name of the responsible veterinarian: _____

VAT number of the veterinary practice : _____

Address :_____

Telephone number :_____

Email :_____

Recipient of the straws:

Name of the breeder : _____

Address :_____

Telephone number :_____

Email :_____

By signing above, you confirm that the information in this document is true and correct. You authorize Optimize Freezing GDO to arrange the shipment of the frozen semen straws from the above-mentioned dog.