



Homestead Veterinary Hospital•1720 Old Reedy Creek Rd•Cary NC 27513•919-535-9955•infinityk9@gmail.com

## AUTHORIZATION TO SHIP

I \_\_\_\_\_, as owner of the below listed animal, do authorize, Infinity Canine, LLC  
(Owner's Name)

to ship \_\_\_\_\_  straws  vials to:  
(Number of straws/vials or insemination dose)

Place of shipment address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### The semen will be shipped from the following identified dog:

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Semen owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### The semen will be for use by:

Bitch Call Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_