



310 COURT SQ SANFORD NC 27330 ☐ 919-292-6376 ☐ infinityk9@gmail.com

AUTHORIZATION TO SHIP / USE FROZEN SEMEN

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

To ship use _____ straws vials to:
(Number of straws/vials or insemination dose)

Place of shipment address: _____

Phone Number: _____

The semen will be shipped/used 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: _____