



CERTIFICATE OF USE OF REGISTERED SEMEN

DETAILS OF DONOR DOG

Name of Dog _____

Dog Registration No. _____

Breed _____

Microchip/Tattoo (No. if any) _____

Owner/s Name _____

Address _____

Membership No _____

DECLARATION BY INSEMINATING VETERINARIAN

I/We hereby certify that on / / (date) the bitch identified to me as detailed hereunder was inseminated by me with Frozen semen from the above mentioned dog.

DETAILS OF INSEMINATED BITCH

Name of Bitch _____

Registration No. _____ Breed _____

Microchip/Tattoo (No. if any) _____

Owner/s Name _____

Address _____

No. of Straws/Vials/Pellets used _____

Straw/Vial ID: _____

VETERINARIAN'S SIGNATURE

Signed _____

Name of Veterinarian _____

Address _____

_____ Date _____