

DOGS QUEENSLAND

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ARTIFICIAL INSEMINATION WITH FROZEN SEMEN DECLARATION BY VETERINARY SURGEON

This document is to accompany any litter registration application where the litter was conceived by artificial insemination using frozen semen.
The application must be completed and signed by the inseminating veterinarian.

SEMEN DONOR INFORMATION:			
<input type="checkbox"/> Straws	<input type="checkbox"/> Vials	<input type="checkbox"/> Pellets	<input type="text"/> Number used
Semen Batch No / Collection Date:			
Pedigree Name of Donor Dog:			
ANKC Registration Number:			
Microchip Number:			
Breed:			
Semen Owner's Name:			
Semen Owner's Membership Number:			

INSEMINATED BITCH INFORMATION:
Pedigree Name of Inseminated Bitch:
ANKC Registration Number:
Microchip Number:
Breed:
Owner's Name:
Owner's Membership Number:

Declaration to be signed by Veterinarian:

I, _____ from _____ clinic, hereby certify that on
____ / ____ / 20____, I inseminated the above bitch with frozen semen from the above dog.

Signature of Veterinary Surgeon: _____