



Kennel Union of Southern Africa

CERTIFICATE OF INSEMINATION TEMPLATE

This form must be on a letterhead & bear contact details of the practice or institution

Details of the Bitch:

Breed: _____
Registered Name: _____
Registration number: _____ Microchip no: _____
Colour: _____ Tattoo number: _____
Date of Birth: _____

Owner 1 Title _____ Initial/s _____ Surname _____
Address _____
Email address _____ Telephone number _____
SIGNATURE of Bitch's Owner (1) _____ Date _____

Owner 2 Title _____ Initial/s _____ Surname _____
Address _____
Email address _____ Telephone number _____
SIGNATURE of Bitch's Owner (2) _____ Date _____

Note: If dog is owned & registered by more than 2 persons, the names & signatures of all the other owners will also be required.

Declaration by Veterinary Surgeon that collected the semen

I _____, ID Number or Practice number _____ confirm that the abovementioned dog was presented to me, identified via the following microchip number _____ which corresponds with the details recorded on the official certified three generation pedigree presented. I confirm that I inseminated the abovementioned bitch on the dates and with the form of semen collection listed below.

Insemination date(s)				
Form of storage (select applicable)	Straws	Vials	Ampules	Pellets

Details of the Donor Dog:

Breed: _____
Registered Name: _____
Registration number: _____ Microchip no: _____
Colour: _____ Tattoo number: _____
Date of Birth: _____

Semen Collection Identification

Total number of straws collected				
Straw label/inscription				
Straw label/inscription				
Straw label/inscription				

Name and address of Veterinary Practice/Institution

Email address: _____

Telephone/Mobile Number: _____

Vet's Signature _____ Date _____