

**SEMEN COLLECTION CERTIFICATE TEMPLATE**

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

**Donor Dog Details:**

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 owner of donor dog** \_\_\_\_\_ **Date** \_\_\_\_\_

Owner 2 Title \_\_\_\_\_ Initial/s \_\_\_\_\_ Surname \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_ Telephone number \_\_\_\_\_

**SIGNATURE of owner of donor dog** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Semen Collection Identification**

<b>Collection date(s)</b>				
<b>Total number of straws collected</b>				
<b>Straw label/inscription</b>				
<b>Straw label/inscription</b>				
<b>Straw label/inscription</b>				
<b>Straw label/inscription</b>				
<b>Form of storage (select applicable)</b>	Straws	Vials	Ampules	Pellets

**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 semen was collected on the date/s indicated above.

**Name and address of Veterinary Practice/Institution**

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone/Mobile Number: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Date \_\_\_\_\_