



Kennel Union of Southern Africa

SEMEN COLLECTION CERTIFICATE TEMPLATE

Must be on an official Letterhead and bear the contact details of the Veterinary Practice or Institution

Donor Dog Details:

Breed: _____
 Registered Name: _____
 Registration number: _____ Microchip no: _____
 Colour: _____
 Date of Birth: _____
 DNA Profile No:(optional) _____

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 a dog is owned and registered by more than 2 persons, the names and signatures of all the owners are required.

Semen Collection Identification:

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

Declaration by Veterinarian 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 _____