

**CERTIFICATE OF INSEMINATION TEMPLATE**

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

**Details of the Bitch:**

Breed: \_\_\_\_\_  
 Registered Name: \_\_\_\_\_  
 Registration number: \_\_\_\_\_ Microchip no: \_\_\_\_\_  
 Colour: \_\_\_\_\_  
 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 and registered by more than 2 persons, the names and signatures of all owners are required.*

**Declaration by Veterinarian that performed the insemination:**

I \_\_\_\_\_, ID Number or Practice number \_\_\_\_\_ confirm that the above mentioned dog was presented to me and 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 above-mentioned bitch on the stated dates with the semen collected as declared below.

Insemination date(s)				
<b>Form of storage (select applicable)</b>	Straws	Vials	Ampules	Pellets

**Details of the Donor Dog:**

Breed: \_\_\_\_\_  
 Registered Name: \_\_\_\_\_  
 Registration number: \_\_\_\_\_ Microchip no: \_\_\_\_\_  
 Colour: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**Semen Collection Identification:**

<b>Total number of straws collected</b>				
<b>Straw label/inscription</b>				
<b>Straw label/inscription</b>				
<b>Straw label/inscription</b>				

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

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

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

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

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