



Kennel Union of Southern Africa

CONFIRMATION OF OWNERSHIP OF DONOR SEMEN

DONOR STUD DOG

REGISTERED NAME: _____

REGISTRATION NUMBER: _____ MICROCHIP NUMBER: _____

BREED: _____ REGISTRY: _____

SEMEN IDENTIFICATION

SEMEN STRAW/VIAL IDENTIFICATION: _____

DATE OF COLLECTION: _____ NUMBER OF UNITS: _____

STORAGE REFERENCE NUMBERS: _____

FOR OWNERSHIP TRANSFER TO

NAME: _____

ADDRESS: _____

COUNTRY: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

MEMBERSHIP NUMBER: _____

DECLARATION FROM LEGAL OWNER OF FROZEN SEMEN

I authorize the above transaction/transfer of ownership and certify that I am the legal owner of the frozen semen from the stud dog listed above.

NAME: _____

ADDRESS: _____

COUNTRY: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

SIGNATURE: _____



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