



Frozen Semen Litter Registration Application

BONA FIDE KENNEL CLUB, INC. • BOX 77710 • BATON ROUGE, LA 70879 • (225) 223 - 9711

VETERINARIAN'S CERTIFICATION: TO BE COMPLETED AND SIGNED BY THE VETERINARIAN

I certify that I received frozen semen of the above named stud on - - from:
Month Day Year

Name of Storage Facility: _____

Address:

City: State: Zip:

I performed the insemination of the aforementioned bitch using the specified semen on the following date(s):

Date			
------	--	--	--

I confirm that the listed breeding unit(s) was sealed upon presentation and that the semen was not used to inseminate any other bitch.

No. of Units	Breeding Unit ID Number(s)	Date Semen Collected

A horizontal line with 10 evenly spaced tick marks, used for marking time intervals in the audio waveform.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Telephone Number

Mailing Address

$$\underline{\quad} \quad \underline{\quad} \quad \underline{\quad} \quad \underline{\quad} \quad \underline{\quad} \quad + \quad \underline{\quad} \quad \underline{\quad} \quad \underline{\quad}$$

Veterinarian's Signature

Cost to file this form is \$20

CC Number: Exp Date: Security Code:

BONA FIDE KENNEL CLUB, INC. • BOX 77710 • BATON ROUGE, LA 70879 • (225) 223-9711