



SEMEN COLLECTION & FREEZING RECORD

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

OWNER OF STUD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

STUD IDENTIFICATION

BFKC Registered Name: _____

BFKC Registered Number: _____

Breed: _____ Color: _____

Tattoo: _____ Identifying Marks: _____

Please attach photo

(BFKC REGISTRATION CERTIFICATE REQUIRED FOR PROOF OF OWNERSHIP)

OWNER OF SEMEN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

VETERINARIAN'S CERTIFICATION (TO BE COMPLETED AND SIGNED BY THE VETERINARIAN)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breeding Unit ID Number: _____

Number of _____ straws _____ pellets _____ vials stored: _____

The collection is equal to _____ breeding doses.

Signature: _____ Date: _____

- Must be completed by veterinarian and returned to the BFKC by the current owner at the time of collection -

SEMEN RECORDING FEE OF \$20

CC Number: _____ Exp Date: _____ Security Code: _____