



# 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: \_\_\_\_\_