



Frozen Semen Litter Registration Application

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

LITTER INFORMATION

Date of Birth: --
Month Day Year

SIRE INFORMATION: TO BE COMPLETED AND SIGNED BY OWNER OF SEMEN

BFKC Number of Sire Registered Name of Sire

I authorized shipment by _____ of frozen semen collected from this stud to
Name of Storage Facility

_____ for the purpose of inseminating the bitch
Name and Address of Veterinarian

_____ BFKC Registered Number and Name of the Dam

First Name Last Name

Telephone Number Email

_____ Semen Owner's/Co-Owner's Signature

DAM INFORMATION: TO BE COMPLETED AND SIGNED BY OWNER OF DAM

BFKC Number of Dam Registered Name of Dam

I (we) certify that I (we) am (are) the owner(s) or lessee(s) of the identified Dam and that on --
Month Day Year

delivered the bitch to _____ and authorized him/her to inseminate this
Veterinarian

bitch. I (we) certify that the Dam, while in my (our) possession, was not mated to or inseminated by any other dog during her season.

_____ Mailing Address

City State + ZIP code + 4

Telephone Number Email

_____ Owner's Signature



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.

Insemination was performed at the following address:

Address:

City: State: Zip:

No. of Units	Breeding Units	Date Semen Collected

Veterinarian's First Name

Veterinarian's Last Name

Telephone Number

Email

Veterinarian's Signature

Cost to file this form is \$20

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