



# AUSTRALIAN NATIONAL KENNEL CONTROL

## CERTIFICATE OF USE OF REGISTERED SEMEN

### DETAILS OF DONOR DOG

<b>Name of Dog:</b>	.....
<b>Semen Registration No.</b>	.....
<b>Breed:</b>	.....
<b>Owner/s Name:</b>	.....
<b>Address:</b>	.....
<b>Membership No.</b>	.....

### DECLARATION BY INSEMINATING VETERINARIAN

I hereby certify that on     /     /     (date) the bitch identified to me as detailed hereunder was inseminated by me with Frozen / Chilled (delete as appropriate) semen from the above mentioned dog.

### DETAILS OF INSEMINATED BITCH

<b>Name of Bitch:</b>	.....
<b>Registration No.</b>	.....
<b>Microchip/Tattoo No.</b>	.....
<b>Owner/s Name:</b>	.....
<b>Address:</b>	.....
<b>Membership No.</b>	.....
<b>No. of Straws Used:</b>	.....
<b>Straw/Beads Details:</b>	.....
<b>Semen Registration attached:</b>	<b>Yes/No</b> .....

### VETERINARIAN'S SIGNATURE

<b>Signed</b>	.....
<b>Name of Veterinarian</b>	.....
<b>Address</b>	.....
<b>Date</b>	.....

Dogs ACT – Use of Registered Semen.  
PO Box 815, Dickson, ACT, 2602  
Office hours: Tuesday to Thursday 9:30am to 2:30pm