DETAILS OF DONOR DOG

Name of Dog	Semen Registration Number

Breed	Owner/s Name

Address	Membership No.

DECLARATION BY INSEMINATING VETERINARIAN

I hereby certify that on ____ / ____ / ____ (date) the bitch identified to me as detailed hereunder was inseminated by me with frozen semen from the above-mentioned dog.

DETAILS OF INSEMINATED BITCH

Name of Bitch

Registration Number	Breed

Microchip / Tattoo No. (If any)	Owner/s Name

Address	Membership No.

No. of Straws/Vials/Pellets Used	Batch number of Straws/Vials/Pellets Used

VETERINARIAN'S SIGNATURE

Veterinarian Signed *Use Adobe Reader to click here and sign digitally*	Date

Name of Veterinarian	Address

HOW TO LODGE

Send your completed form to

EMAIL
Email this form to
info@dogsnsw.org.au

POST
Post to
DOGS NSW, PO Box 632, St Marys NSW 1790

PHONE
Enquiries
(02) 9834 3022