Vereinigter CanAm Deutsch Kurzhaar Klub

AFFIDAVIT OF BREEDING USING ARTIFICIAL INSEMINATION

To be completed by a licensed veterinarian and submitted to VCDKK Breed Warden
Gabriel P. LaSala
1110 Canterbury Road
Grosse Pointe Woods, Michigan 48236
(586)707-6705

I certify that on _____ I received frozen or chilled semen collected from
Date

_____ _____.
Stud Dog's Registered Name/ DKV ZB Nr *FI/FS/CI/CS**

The storage center or satellite facility was _____.

I certify that I inseminated

_____ _____
Bitch's Registered Name *DKV ZB Number*
the female named above, with the semen described above, on the following date(s):

_____.

I certify that the straws or vials were labeled _____.

I certify these straws or vials of semen were sealed when presented to me and none of the semen was used to inseminate any other female.

_____ _____ _____
Printed Name *Signature* *Date*

State Veterinarian License Number _____

Address _____

Phone _____ e-mail _____

*** Complete and submit this form and indicate all that apply: FI (frozen insemination); FS (frozen surgical); CI (chilled insemination); CS (chilled surgical)**