



NORTH AMERICAN VERSATILE HUNTING DOG ASSOCIATION

## CERTIFICATION OF BREEDING BY ARTIFICIAL INSEMINATION USING FRESH EXTENDED SEMEN

*Required with each application to register a litter whelped as a result of an artificial mating.*

NAVHDA will consider an application to register a litter resulting from artificial insemination of the bitch using fresh extended semen provided the semen is extracted and extended by a licensed veterinarian, the insemination of the bitch is performed by a licensed veterinarian, and the litter is eligible for registration in all other respects.

The certifications on the reverse side must be completed and submitted with a Litter Registration application form. If the dam was leased at the time of mating, the lessee must complete the below certification and the 'leased dam' section of the Litter Registration form.

**FEE \$25.00**

**For information contact:**

**NAVHDA PO Box 520 Arlington Heights, IL 60006**

**Telephone: (847)253-6488 Fax: (847)255-5987**

**www.navhda.org**

### 1) TO BE COMPLETED BY OWNER, CO-OWNER OR LESSEE OF DAM:

I certify that I am the owner ( ) co-owner ( ) or lessee ( ) of the female \_\_\_\_\_  
(Breed)

\_\_\_\_\_ ; and that on \_\_\_\_\_  
(Registered Name/Number of Bitch) (Date)

I authorized \_\_\_\_\_ to artificially inseminate said bitch with semen  
(Name of Licensed Veterinarian)

extracted from \_\_\_\_\_ ; that I did ( ) did not ( ) witness  
(Registered Name/Number of Sire)

the artificial breeding, and that no other male serviced by bitch prior or subsequent to this artificial breeding during the bitch's season.

**Important Notice:** All Dam owners signatures are required. Applications without proper signatures will not be accepted.

#### Owner:

\_\_\_\_\_  
Printed First Name Last Name Owner Signature

#### Second Owner:

\_\_\_\_\_  
Printed First Name Last Name Second Owner Signature

#### Third Owner:

\_\_\_\_\_  
Printed First Name Last Name Third Owner Signature

#### Fourth Owner:

\_\_\_\_\_  
Printed First Name Last Name Fourth Owner Signature

**2) TO BE COMPLETED BY OWNER OR CO-OWNER OF SIRE:**

I certify that I am the owner ( ) co-owner ( ) or lessee ( ) of the male \_\_\_\_\_  
(Breed)  
\_\_\_\_\_ ; and that on \_\_\_\_\_  
(Registered Name/Number of Sire) (Date)

I extracted semen (or authorized \_\_\_\_\_ to extract semen) from my dog for the purpose of inseminating the bitch named above; and that I did ( ) did not ( ) witness the artificial breeding.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Area Code/Phone Number

**3) TO BE COMPLETED BY LICENSED VETERINARIAN AUTHORIZED TO EXTRACT AND EXTEND SEMEN:**

I certify that on \_\_\_\_\_ I extracted semen from the above identified male whose semen was extended and  
(Date)  
shipped to \_\_\_\_\_.  
(Name of Person/Veterinarian to Whom Shipped)

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
License Number Area Code/Phone Number

**4) TO BE COMPLETED BY LICENSED VETERINARIAN AUTHORIZED TO INSEMINATE:**

I certify that on \_\_\_\_\_ I received the semen collected from the above identified male and inseminated the  
(Date)  
above identified female with that semen. This artificial breeding was effected at the following location:

\_\_\_\_\_

\_\_\_\_\_  
State Veterinary License Number

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
License Number Area Code/Phone Number

**FEE \$25.00**

To Pay by Credit Card:

\_\_\_MasterCard \_\_\_VISA \_\_\_Other \_\_\_\_\_ Credit Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expire Date \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_