



North American Versatile Hunting Dog Association



CERTIFICATION OF BREEDING BY ARTIFICIAL INSEMINATION USING FRESH 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 provided both the sire and dam are present during the extraction and insemination.

The certifications on the reverse side must be completed and submitted with a NAVHDA 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 artificially inseminated (or authorized _____
(Name of authorized person)

to _____ ; that I did () did not () witness the artificial breeding,
(Registered Name/Number of Sire)

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 PERSON AUTHORIZED TO EXTRACT SEMEN:

I certify that on _____ I extracted semen from the above identified male for the purpose
(Date)
of inseminating the above identified female. The named bitch was present during the collection process.

Signature Printed Name

Street Address City State Zip Code

Area Code/Phone Number

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

I certify that on _____ I inseminated the above identified female with the semen collected from the
(Date)
above identified male. The named male was present during the insemination process.
This artificial breeding was effected at the following location:

State Veterinary License Number

Signature Printed Name

Street Address City State Zip Code

Area Code/Phone Number

FEE \$25.00

To Pay by Credit Card

___MasterCard ___VISA ___Other _____ Credit Card# _____ - _____ - _____

Exp Date ___/___/___ CVV: _____