



AFFIDAVIT OF BREEDING USING FROZEN OR CHILLED SEMEN

To be completed by a licensed veterinarian and submitted to NAVHDA with Litter Registration and fee of \$25.00 (US funds) per litter registered

NAVHDA, PO Box 520, Arlington Heights IL 60006-0520
(www.navhda.org)

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

_____ *Stud Dog's Registered Name* _____ *FI / FS / CI / CS**

The storage center or satellite facility was _____

I certify that I inseminated

_____ *Bitch's Registered Name* _____ *Tattoo or Chip Number*

the female named above, with the semen described above, on the following dates:

I certify 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.

_____ *Name: printed or typed* _____ *Signature* _____ *Date*

State Veterinarian license number: _____

Address: _____ City: _____ State/Prov: _____ Zip/Postal: _____

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) after the stud dog's name.

To Pay by Credit Card:
____ MasterCard ____ VISA ____ Other _____ Credit Card# _____ - _____ - _____

CVV _____ Exp. Date ____ - ____