



## 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 LaSala (little)  
22038 Harperlake Ave.  
St. Clairshores, MI. 48080  
(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)