

# **FORM AIFS**

## **ARTIFICIAL INSEMINATION USING FROZEN SEMEN**

The American Dog breeders Assoc. will consider this application to register a litter or individual dog, resulting from artificial insemination using frozen semen, provided the dog/litter is, in all other respects, eligible for registration and the following conditions are met.

1. The collection of semen for the artificial breeding must have been recorded in the files of A.D.B.A. and collector/stored, must be on record with the A.D.B.A. being familiar with, and complying to A.D.B.A. regulations for record keeping and identification of dogs.
2. The owner of semen, owner of dam and the veterinarian that performs the artificial breeding must complete the certifications contained herein.

This A.I.F.S. form and fee of \$23.<sup>00</sup> must be submitted IN ADDITION TO applicable Registration form (single registration and/or litter application) with appropriate fees to:  
**AMERICAN DOG BREEDERS ASSOC. INC. – P.O. BOX 1771 - S.L.C., UT. 84110**

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### **(Section 1) - To be completed by owner and/or co-owner of semen:**

I certify that I am the owner or co-owner of frozen semen of this stud American Pit Bull Terrier (ADBA Reg. name and #) \_\_\_\_\_ and that I authorized shipment by (Name of Shipper of Semen) \_\_\_\_\_ of frozen semen collected from this stud to (Name & Address) \_\_\_\_\_ for the purpose of inseminating this female, (ADBA Reg. name and #) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### **(Section 2) - To be completed by owner and/or co-owner of female:**

I certify that I am the owner and/or co-owner of this female American Pit Bull Terrier (ADBA Reg. name and #) \_\_\_\_\_ and on (Date) \_\_\_\_\_ I delivered her to (Veterinarian name, address, city, state and zip) \_\_\_\_\_

\_\_\_\_\_ And authorized him/her to inseminate said female with semen collected previously from (ADBA. reg. name & # of stud collected from) \_\_\_\_\_ for the purpose of inseminating the above female.

I did \_\_\_\_ I did not \_\_\_\_ witness the artificial breeding. (Mark one)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### **(Section 3) - To be completed by Veterinarian:**

I certify that on (date) \_\_\_\_\_ I received frozen semen of the above named stud from (Name, and address) \_\_\_\_\_ I inseminated the female named above with said semen on the following date(s) \_\_\_\_\_ . I affirm that the container, breeding unit No.\* \_\_\_\_\_ was sealed when presented to me and that none of the semen was used to inseminate

any other bitch. The Insemination was performed at the following address: (include city, state, and zip)\_\_\_\_\_

*\*Breeding unit identification must include A.D.B.A. registered number of stud and date semen collected.*

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

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**(Section 4) - To be completed by owner and/or co-owner of bitch at time of whelping.**

**WHELPING INFORMATION**

Place of birth of Litter: (city)\_\_\_\_\_ (State)\_\_\_\_\_

Date of birth of the Litter: (month)\_\_\_\_\_ (Day)\_\_\_\_\_ (Year)\_\_\_\_\_

Number of Puppies:\_\_\_\_\_ . Number of males:\_\_\_\_\_ Number of females:\_\_\_\_\_. (Indicate # of living dogs in this litter on the date this application is submitted to ADBA

Signature of owner and/or co-owner of dam on date of whelping:

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

***NOTE: If ownership changed while female was in whelp, complete the following:***

I certify that I was the owner or co-owner of dam on the date of whelping and that this dam was not mated to any other dog, during her season.

Signature\_\_\_\_\_ Date:\_\_\_\_\_

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