

FORM S.C.F.
Record of Semen Collection and Freezing
(Only Valid for One Procedure)

Owner Of Stud:

Name: _____

Co-Owner: _____

ADBA Reg. Kennel Name: _____

Phone: () _____ Email: _____

Street Address: _____

City, State, and Zip: _____

Stud Identification:

ADBA Registered Name: _____

ADBA Registered Number: _____

Breed: _____ Color: _____

Tattoo: _____ Identifying Marks: _____

Please attach photo

(ADBA REGISTRATION CERTIFICATE REQUIRED FOR PROOF OF OWNERSHIP)

Semen Collection Location:

Name: _____

Address: _____

City, State, and Zip: _____ Phone: () _____

Signature of Collector: _____ Date: _____

Semen Storage Location:

Name: _____

Address: _____

City, State, and Zip: _____ Phone: () _____

of Straws Stored: _____ Breeding Unit # _____

Section 1 - To be completed by owner or co-owner of semen:

I certify that I am the owner/co-owner of frozen semen of this male American Pit Bull Terrier
(ADBA registered name and number) _____ and that I authorized
shipment by (Name of shipper of Semen) _____ of frozen semen.

Signature: _____ Date: _____

**- Must be completed by veterinarian and returned to the ADBA
by the current owner at the time of collection -
ADBA P.O. Box 1771 Salt Lake City, UT 84110**

Semen recording fee of \$15

CC Number _____ Exp Date ____/____ Security Code _____