

FORM SCF

RECORD OF SEMEN COLLECTION AND FREEZING

(Only Valid for One Procedure)

OWNER OF STUD:

Name _____

ADBA Reg. Kennel Name: _____

Home Phone# (_____) _____ Work Phone (_____) _____

Street Address: _____

City, State, Zip _____

STUD IDENTIFICATION:

ADBA registered name: _____

ADBA reg.# _____ Birth Date: _____

Breed: **American Pit Bull Terrier** Color: _____ Tattoo: _____

Identifying marks: _____ Photos on file w/ADBA? Yes _____ No _____

Sire registered name: _____ ADBA reg. # _____

Dam registered name: _____ ADBA reg. # _____

(ADBA REGISTRATION CERTIFICATE REQUIRED FOR PROOF OF OWNERSHIP)

SEMEN COLLECTION LOCATION:

Name: _____

Address: _____

City, State, Zip _____ Phone (_____) _____

Signature Of Collector: _____ Date: _____

SEMEN STORAGE LOCATION:

Name: _____

Address: _____

City, State, 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 for frozen semen of the male American Pit Bull Terrier
(ADBA registered name & number) _____

_____ and that I authorize shipment by (name of shipper of semen) _____

_____ of frozen semen.

Signature: _____ Date: _____

***This form must be completed by veterinarian and returned to the
ADBA office (P.O. Box 1771, Salt Lake City, UT 84110)
by the current owner at the time of collection***