

CAGBA RECORD OF ARTIFICIAL INSEMINATION

(TO BE COMPLETED AT TIME OF INSEMINATION)

Name of Doe: _____

Registration No: _____ Tattoo, Microchip, or Tag: _____

Owner: _____ Farm ID Letters: _____

Address: _____

Name of Buck: _____

Record No: _____

Processor: _____ Date Processed: _____

Service Date: _____ Service No: _____

Date of Last Service: _____

I certify that I have rendered the service after checking the doe's tattoo, microchip, or tag and registration papers as well as the semen information. The semen was labeled in accordance with CAGBA registration requirements.

Inseminator's Signature **Date**

A signed copy of this form must be kept by the owner of the doe and the original must accompany applications for recording and registration of the offspring of this mating.