

**VETERINARY HEALTH CERTIFICATE FOR EXPORT OF DOG SEMEN
FROM TO SWEDEN**

This is to certify that I on (day/month/year) :.....**packed semen**
from the dog (breed/name/registration number):.....
owned by (name/address):.....
.....

The dog was at the time of semen collection identified by:
ID-tattoo nomicrochip no.....a signed enclosed photo or nose-print .

A blood sample was drawn on (day/month/year).....**(should be within 15 days prior to import) and the test result shows that the dog above was free from brucellosis. The test result where the identity of the dog is stated is attached.**

A blood sample was drawn on (day/month/year)..... **(should be within 15 days prior to import) and test result shows that the above dog was free from leptospirosis. The test result where the identity of the dog is stated is attached.**

or

A clearly legible copy of a leptospirosis vaccination certificate showing that the dog at the time of semen collection was marked with an identity number and protected by a valid leptospirosis vaccination (a vaccination no more than 365 days old) is attached.

The shipment consists of:
..... ml of fresh, chilled semen

The semen tube/vials are marked (Breed / Name / Reg.no / Date / Place):.....
.....

The shipment was closed by me and contains semen from the above described dog.

Date (day/month/year):.....

Signature of veterinarian.....

Printed name:.....

Address:.....

Phone:..... **Fax:**.....

CERTIFICATE OF COLLECTION OF DOG SEMEN

Name of dog:..... KC Reg.no:.....
Breed:..... Date of birth:.....
ID-tattoo/microchip no:..... Nose print: Photograph:

VETERINARY CERTIFICATE

I hereby certify that the dog described above was presented for semen collection on.....(date)

From the collection resulted a) medium (0.5 ml) straws
 or b) ml of fresh semen

The semen can be identified as follows [breed, name (may be abbreviated), KC reg.no., date and place of collection]:.....

Colour of straws/plug:.....

Type of extender/cryoprotective:.....

Recommended thawing procedure:.....

Recommended number of straws per artificial insemination:.....

Semen quality (if frozen, state post-thaw quality): Excellent Good Acceptable Sub-standard

Total number of spermatozoa:..... Motility:.....%

Number of spermatozoa/straw or vial:..... Abnormal sperm.....%

At the time of semen collection the semen donor was clinically examined and was found free from signs of disease. He has has two normal testicles, fully descended in the scrotum.

Signature of veterinarian:.....

Printed name:.....

Address.....

Phone:..... Fax:.....

Declaration by stud owner

I hereby certify that the above dog, from which semen has been collected, is the alleged dog, and that it rightfully belongs to me.

Signature of owner:.....

Printed name:.....

Address:.....

Phone:..... Fax:.....