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Report of Service by Artificial Insemination

Doe Information

Tattoo of Doe: _____ Name of Doe: _____

Date of Birth of Doe _____ CMGA Reg. No. _____

Breed of Doe: _____

Date of Insemination: _____

Owner/Lessee Information

Owner/Lessee of Doe: _____

Address: _____

Phone/Fax/Email: _____

Buck/Semen Information

Information in section below must be copied exactly from semen vial or straw.

Name & Tattoo of Buck _____

CMGA Reg. No. _____

Breed of Buck: _____

Laboratory Code Number or Letters: _____

Buck Code: _____ Date of Collection: _____

Freeze Date: _____

I certify that the Sire identification on the unit of semen corresponds to the information above and that the doe's identity has been verified by checking her tattoos with her registration paper.

Signed _____ (Inseminator) Date: _____

Signed _____ (Owner of Doe) Date: _____

All signatures and information must be in ink.