

The following is an application to receive semen from the AKC Purebred Preservation Bank. Application submission does not guarantee approval. Photographs and videos may be requested at any point throughout the application process.

Please complete this form with the best of your knowledge. If more space is needed, please use additional pages. Completed form can be emailed to contact@akcppb.org or mailed to AKC Purebred Preservation Bank, 8051 Arco Corporate Drive, Raleigh, NC 27617.

Breeder Information

Breeder Name: _____ Application Date: _____

Physical Address: _____

Mailing Address, if different: _____

Phone Number: (____) _____

Email Address: _____

1. Are you a member of your breed's Parent Club? Yes [] No []
2. Are you a Breeder of Merit? Yes [] No [] or Bred With HEART breeder? Yes [] No []
3. How many litters have you bred? _____
4. How many of these litters did you whelp and raise in your home? _____
5. How many champions have you produced? _____
6. List the other AKC titles, including breed-specific, that your dogs have earned:

Bitch Information at Time of Request

AKC registration number: _____ Date of Birth: _____

Full AKC Registered Name, including AKC and Breed Club titles: _____

Call name: _____

Breed/Variety: _____

- Color: _____
- Markings/Pattern: _____
- Height at withers: _____ Weight, in pounds: _____

AKC DNA Profile Number: _____

CHIC Number: _____

OFA Number(s): _____

Permanent ID (Microchip and/or tattoo number): _____

List any co-owners' current name, address, phone number, and email:

1. _____

2. _____

3. _____

List breed-specific recommended health testing and whether these tests were completed [Link to Breed Health Testing](#):

1. Test: _____
Completed? Yes [] No [] Completion Date: _____
If no, why? _____
2. Test: _____
Completed? Yes [] No [] Completion Date: _____
If no, why? _____
3. Test: _____
Completed? Yes [] No [] Completion Date: _____
If no, why? _____
4. Test: _____
Completed? Yes [] No [] Completion Date: _____
If no, why? _____
5. Test: _____
Completed? Yes [] No [] Completion Date: _____
If no, why? _____

List any health concerns or conditions, including temperament, that should be noted for breeding purposes and supporting information/implications.

1. _____
2. _____
3. _____
4. _____

Total number of litters produced: _____ List whelp dates and number of puppies:

1. Litter DOB: _____ # of Puppies Produced: _____ # of Puppies at weaning _____
 - a. Mating Method: Natural TCI Vaginal Insemination Surgical Insemination
 - b. Semen Type: Frozen AI Chilled AI Fresh AI
 - c. Whelp Method: Natural C-Section
2. Litter DOB: _____ # of Puppies Produced: _____ # of Puppies at weaning _____
 - a. Mating Method: Natural TCI Vaginal Insemination Surgical Insemination
 - b. Semen Type: Frozen AI Chilled AI Fresh AI
 - c. Whelp Method: Natural C-Section
3. Litter DOB: _____ # of Puppies Produced: _____ # of Puppies at weaning _____
 - a. Mating Method: Natural TCI Vaginal Insemination Surgical Insemination
 - b. Semen Type: Frozen AI Chilled AI Fresh AI
 - c. Whelp Method: Natural C-Section

Offspring Health Information

List any offspring health concerns or conditions that should be noted or observed and whether there is information available (whether offspring are registered or not):

1. Offspring AKC Registration Number: _____
Date of Birth: _____
Health Comment: _____

2. Offspring AKC Registration Number: _____
Date of Birth: _____
Health Comment: _____

3. Offspring AKC Registration Number: _____
Date of Birth: _____
Health Comment: _____

4. Offspring AKC Registration Number: _____
Date of Birth: _____
Health Comment: _____

5. Offspring AKC Registration Number: _____
Date of Birth: _____
Health Comment: _____

