



SEMEN TRANSPORTATION CERTIFICATE

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For COOLED TRANSPORTED SEMEN or FROZEN SEMEN

SEMEN COLLECTION:

To be completed by the stallion owner, lessee, or authorized agent (leases and /or authorizations must be filed with the ApHC). This form does not replace a Breeder's Certificate. Print and retain a copy of this form for the stallion owner records.

Stallion being collected from:

Stallion's name: _____ Breed: _____ Registration #: _____

Mare for which semen is being shipped:

Mare's name: _____ Breed: _____ Registration #: _____

Name and address semen is shipped to:

Name: _____ Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____ E-mail: _____

Collection Date for cooled semen: ____/____/____ Time: ____:____ AM/PM Shipping Date: ____/____/____

Shipping date for cooled or frozen semen: ____/____/____ Time: ____:____

I do hereby certify that semen was shipped for the above-named stallion.

 X _____

Signature of stallion owner, lessee or authorized agent (required)

Printed name of stallion owner, lessee or authorized agent

Name: _____ Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____ E-mail: _____

INSEMINATION CERTIFICATE:

To be completed by person inseminating mare.

Mare's name: _____ Breed: _____ Registration #: _____

Cooled Transported Semen

Date Received: ____/____/____ Date Inseminated: ____/____/____ Time Inseminated: ____:____ AM/PM

Date Inseminated: ____/____/____ Time Inseminated: ____:____ AM/PM

Frozen Semen

Date Received: ____/____/____ Date Inseminated: ____/____/____ Time Inseminated: ____:____ AM/PM

Date Inseminated: ____/____/____ Time Inseminated: ____:____ AM/PM

I certify the above details to be correct. I identified the mare by her original Certificate of Registration, and the semen was properly labeled as semen collected from the stallion named above.

 X _____

Signature of person inseminating mare (required)

Printed name of person inseminating mare

Name: _____ Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____ E-mail: _____

Please note: This form must be properly completed and returned to the ApHC postmarked within 30 days of each shipment regardless of whether or not the mare conceives, or a late fee of \$25 will be assessed the mare owner, lessee or authorized agent.

Print and retain a copy for your records.

Print and forward a copy to the stallion owner after insemination.