



Semen Collection and Insemination Certificate

SEMEN COLLECTION

To be completed by the stallion owner, lessee, or authorized agent (leases and /or authorizations must be filed with the ApHC). Forward a copy of this form to the mare owner with the semen shipment. A copy of this form should be retained for the stallion's breeding records before being mailed to the mare owner. This form does not replace a Breeder's Certificate.

(Please print or type)

Stallion being collected from:

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

Mare for which semen is being shipped or used:

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

Name and address semen was 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 Shipped Date: ____/____/____
Mo Day Yr

Shipping Date or Date Accepted for Use (for frozen semen): ____/____/____
Mo Day Yr

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

_____ ApHC Membership #: _____

Written signature of Recorded Owner, *Lessee or *Authorized Agent of stallion at the time semen was collected.

Printed name of recorded owner, lessee or authorized agent of stallion:

Name: _____ Mailing Address: _____

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

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

**For the ApHC to accept a Lessee or Authorized Agent's signature, a properly completed ApHC Lease Agreement or Signature Authorization form must be on file at the ApHC and in affect during the dates semen was collected. Lease Agreement and Signature Authorization forms can be printed from the ApHC website.*

INSEMINATION CERTIFICATE

To be completed by person inseminating mare.

(Please print or type)

Mare to be inseminated:

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

Written Signature of person inseminating mare:

_____ ApHC Membership #: _____

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.

Printed name of person completing insemination:

Name: _____ Mailing Address: _____

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

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

Please note: A copy of this form should be returned to the stallion owner as a notification of the mare's insemination dates.

Appaloosa Horse Club • 2720 W. Pullman Road • Moscow, ID 83843

Retain a copy for your records.

Forward a copy to the stallion owner after insemination.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (208) 882-5578 EXT. 300