



# 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). This form does not replace a Breeder's Certificate. Print and retain a copy of this form for the stallion owner records.

(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: This form must be properly completed, and returned to the ApHC postmarked within 30 days of each insemination regardless of whether or not the mare conceives. A late fee of \$25 will be assessed the mare owner, lessee or authorized agent for all forms received after indicated 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