

Cooled/Frozen Semen Transportation, Collection and Insemination Report



American Paint Horse Association

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Semen Collection

- ♦ This section to be completed by the recorded owner or authorized agent of stallion. NOTE: Please list permit number.
- ♦ SEND ONE FORM WITH EACH SEMEN SHIPMENT
- ♦ All of the following must be complete in order to process work:
 - Collection date and time
 - Shipping date and time
 - Stallion's name and registration number
 - Stallion owner's signature
 - Mare's name and registration numberNote: Please specify frozen or cooled semen
- ♦ Please retain a copy for your records.

Permit Number: _____

Stallion Name: _____ Registration No.: _____

Shipped To—Mare Name: _____ Registration No.: _____

Name of recorded owner of mare: _____

Semen shipped to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cooled Semen Only:

Collection Date: _____ / _____ / _____

Collection Time: _____

Shipping Date: _____ / _____ / _____

Shipping Time: _____

Frozen Semen Only:

Collection Date: _____ / _____ / _____

Collection Time: _____

Shipping Date: _____ / _____ / _____

Shipping Time: _____

I am the recorded owner or authorized agent (on file at APHA) of the above stallion and I certify that this information is correct.

Signature of stallion owner or lessee: _____ APHA I.D. No.: _____

Insemination Report

- ♦ This section to be completed by the recorded owner or authorized agent of mare.
- ♦ Mares registered in the Jockey Club must send a copy of both sides of the registration certificate.
- ♦ All foals resulting from transported frozen or cooled semen must be parentage-verified before the registration may be completed.
- ♦ The mare owner is responsible for returning the insemination report to the APHA Field Services Department within 10 days after insemination.
- ♦ Please retain a copy for your records
- ♦ For more information, please call (817) 834-2742, extension 777.

Received Date: _____ / _____ / _____

First Insemination Date: _____ / _____ / _____ Time: _____: _____ a.m. p.m.

Second Insemination Date: _____ / _____ / _____ Time: _____: _____ a.m. p.m.

I am the recorded owner or authorized agent (on file at APHA) of the above-referenced mare and I certify that the above information is correct. Further, I agree to abide by Rule RG-115 of the *Official APHA Rule Book*. A copy of the rule can be found at www.apha.com/forms/rulebooks. I understand that the use of proper technology for shipping and using transported semen is the responsibility of the owners of the stallion and the mare involved. APHA, its directors, officers and employees assume no responsibility for the success or failure of the breeding process. Breeding contracts are contracts between the stallion and mare owners only.

Signature of mare owner or lessee: _____ APHA I.D. No.: _____

Name of veterinarian/technician completing insemination: _____

Veterinarian/Technician Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of veterinarian/technician completing insemination: _____