

ARTIFICIAL INSEMINATION DECLARATION

(To be used for the collection and insemination of semen for horses registered or to be registered with the American Quarter Horse Association – New Zealand)

Part A - Semen Collection Section *(Separate Form to be used for each stallion)*

I _____ (Semen Technician/Veterinarian)

Of _____ (Business)

At _____ (Address)

HEREBY CERTIFY that I did remove semen from the stallion

_____ Registration Number _____
(Stallion's name) (as documented on registration certificate)

At the property of _____ on _____ (Date).

I also HEREBY CERTIFY that I did identify the above horse by inspection and comparison of him with his Quarter Horse Association Registration Certificate.

I also HEREBY CERTIFY that I did prepare the above identified collected semen as Fresh / Chilled / Frozen (Circle option) semen for transportation

to _____

On _____ (date)

Number of Straws collected _____

Registration Number of Straws _____

Batch Number of Straws _____

Any other information included on the straws _____

Signed _____
(Technician/Veterinarian)

Date _____

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Part B - Mare Insemination Section *(Separate Form to be used for each mare)*

I _____ (Semen Technician/Veterinarian)

Of _____ (Business)

At _____ (Address)

HEREBY CERTIFY that I did artificially inseminate the mare

_____ Registration Number _____
(Mare's name) (as documented on registration certificate)

With Fresh / Chilled / Frozen semen documented as belonging to the Stallion

_____ (Stallion's Name)

At the property of _____ on _____ (Date).

I also HEREBY CERTIFY that I did identify the above mare by inspection and comparison of her with her AQHA-NZ Registration Certificate.

Number of Straws Used _____

Registration Number of Straws _____

Batch Number of Straws _____

Any other information included on the straws _____

Signed _____ Date _____
(Technician/Veterinarian)

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Please note when lodging registration application for resulting foal that a \$25 AI fee + applicable registration fee is payable.