



# Semen Collection and Insemination Certificate

To be completed by the stallion owner, lessee, or authorized agent (leases and /or authorizations must be filed with the ICAA). 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)

## SEMEN COLLECTION

### 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: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Collection Date (for cooled semen): \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM/PM

Shipped Date (for cooled semen): \_\_\_/\_\_\_/\_\_\_

Shipping Date or Date Accepted for Use (for frozen semen): \_\_\_/\_\_\_/\_\_\_

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

X \_\_\_\_\_

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: \_\_\_\_\_ ICAA Membership #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

## 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:

X \_\_\_\_\_

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: \_\_\_\_\_ ICAA Membership #: \_\_\_\_\_  
Address: \_\_\_\_\_ 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.