

Artificial Insemination Certificate

Description of Mare

To be filled in by the Ve	eterinary Surgeon/Al Technician		
Name of Mare		Reg. No.	
Sire of Mare		Reg. No.	
Dam of Mare		Reg. No.	
Owner			
Address	Street		
	Suburb	State	Postcode
Indicate all mark and brands on diagrams in red.	RIGHT SIDE		LEFT SIDE L.F. R.F. R.H. L.H.

Dispatch Form

Please send form intact with semen				
Donor Stallion				
Reg. No.	Semen Dispatch Date			
The details were certified				
Signature (Stallion Owner/Semen Dealer)	Date	/	/	

Artificial Insemination Certificate



Insemination

Signature (Veterinary Surgeon/Al Technician)		Da	ate	/	/	
After carefully recording the markings on the	e diagran	n I insemina	ated			
Name of Mare						
with fresh chilled frozen seme	en from t	the stallion				
Date of insemination Last 2 inseminations						
The remaining semen was destroyed/retain	ed					
Veterinary Surgeon/Al Technician		(Date of Positiv	e Pregnar	ncy Test)		
Vet Name						
Address Street						
Suburb	State		Postco	de		
Signature		Da	ate	/	/	

Please have the Vet/ Al technician who inseminated your mare SIGN this Artificial Insemination form when noted in foal, then send signed copy to the stallion owner or frozen semen provider who will then supply the Service Certificate to you as owner. Please email a photo of the service certificate to HHSA to email below to help set up the Classification Tour.

Please attach the Service Certificate as a PDF to your online foal registration when foal born.