

## **Artificial Insemination Certificate**

## **Description of Mare**

To be filled in by the Veterinary 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.					

## **Artificial Insemination Certificate**



## Insemination

I hereby co	ertify that I have received the semen o	of the above	named s	tallion				
Signature (Veterinary Surgeon/Al Technician)			Date	/				
After carefully recording the markings on the diagram I inseminated								
Name of Mare								
with	fresh chilled frozen semen fi	rom the stal	lion					
Date of insemination  Last 2 inseminations  ET								
Date of Positive Pregnancy Test								
Veterinary	Surgeon/Al Technician							
Vet Name								
Address	Street							
	Suburb	State	Postc	ode				
Signature			Date	/	1			
ease fill out	original, make two copies and mark e	each copy in	check bo	X.				
ick the relevant box								
Original to the society 1st copy to the mare owner								
2nd copy to stallion owner/semen dealer								