



NAPHA FROZEN SEMEN PROGRAM  
REPORT ON COLLECTION OF SEMEN

Name of Stallion \_\_\_\_\_ Reg. # \_\_\_\_\_

Recorded Owner(s) of Stallion \_\_\_\_\_

Address of Owner(s) \_\_\_\_\_

Location of Collection \_\_\_\_\_

Location of Storage \_\_\_\_\_

Name of Veterinarian or AI Technician \_\_\_\_\_

I certify that the stallion named above was artificially collected at the location and on the dates listed here. Enclosed is a full report on the semen collected (daily A.I. report), the volume frozen and the procedures used for freezing it.

Dates of Collection,    Volume of Semen Frozen,    Motility,    Concentration,    Freezing Procedure,    # Straws

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Signature of Recorded Owner(s) of Stallion \_\_\_\_\_

Address \_\_\_\_\_

Signature of Veterinarian or AI technician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

*This form must be filed within 15 days of the last day of the month in which the semen was collected. The fine for late filing is \$50. The resulting foal will not be registered and Stallion Owner not allowed to continue to participate in this Program until any fine due is paid.*