



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.*