

## NAPHA FROZEN SEMEN PROGRAM

## VERIFICATION OF RECEIPT OF SEMEN AND INSEMINATION OF MARE

Name of Mare		Registration #
Mare's Color	Mare's Description	
Recorded Owner(s) of Ma	are	
Mare Owner(s) Veterinari	an or AI Technician	
Stallion's Name		Reg #
Method & Dates of Shipm	nent of Semen	
used this semen as instruction mare to determine that shabove. I further certify the	cted to inseminate the m are listed above the is the mare registered with NAPHA to	rozen semen from the stallion shown. I have e. I have made a thorough examination of this under the name and registration number given aid mare with the semen provided and that iner.
Dates of Insemination 1.	# Straws of Semen Used	
2		
4		
5		
6		
7 8.		
9		
10		_
Signature of Recorded Ow	wner(s) of Mare	Date
Address		
Signature of Veterinarian	or AI Technician	
Address		

This form must be filed by January 10th of the year following these breedings. The fine for late filing is \$50. The resulting foal will not be registered and the Mare Owner not be allowed to continue to participate in this program until any fine due is paid.