



**NAPHA FROZEN SEMEN PROGRAM  
REPORT ON SHIPMENT OF SEMEN**

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

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

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

Name of Mare \_\_\_\_\_ NAPHA Reg. # \_\_\_\_\_

Description of Mare [Color & Markings] \_\_\_\_\_

Mare Owner's Veterinarian or AI Technician \_\_\_\_\_

I certify that frozen semen from the stallion named above is being stored at the location of

\_\_\_\_\_. At the written request of the owner of said stallion, I have shipped frozen semen from said stallion by (method of shipment)

\_\_\_\_\_ to \_\_\_\_\_  
(mare owner's veterinarian or AI technician) on the dates shown below for use with the mare listed above.

Dates of Shipment	Semen Shipped (# straws)	Method of Shipment
-------------------	--------------------------	--------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

\_\_\_\_\_  
Signature of Veterinarian or AI technician in charge of frozen semen

\_\_\_\_\_  
Date

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 Stallion Owner not allowed to continue to participate in this Program until any fine due is paid.**