

Big Sky Shires and Equine Services
SHIPPED SEMEN COLLECTION/ INSEMINATION CERTIFICATE
For Cooled Transported Semen

***This does not take the place of the Breeder's Certificate*

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SEMEN COLLECTION

Stallion's Name and Registration Number: _____

Name and Registration Number of mare semen is shipped: _____

Owner of Mare: _____

Address to where semen is shipped: _____

Collection Date for Cooled Semen: _____ **Time:** _____ am/pm

Ejaculate Volume: _____ mls.

Ejaculate Concentration: _____ Million/ ml

Ejaculate Total Sperm: _____ Billion

Motility (Extended): _____ %

Shipping Date for Cooled Semen: _____ **Time:** _____ am/pm

Semen Volume: _____ mls.

Extender Used: _____

Number of Doses Sent: _____

Volume of extended semen per dose: _____ mls.

Total Number of Progressively Motile Sperm per dose:

Shipped _____ Mil.

I do hereby certify that the semen was from the above named stallion:

Signature of Person Shipping Semen: _____

**** Please inform us as soon as possible if shipment is tampered with or shows damage do to handling after shipment.**

INSEMINATION CERTIFICATE

Mare's Name and Registration Number: _____

Date Received: _____

Date Inseminated: _____ Time: _____ am/pm

Total Number of Progressively Motile Sperm per dose at Insemination: _____ Mil.

Veterinary Initials Performing Count/Insemination: _____

Date Inseminated: _____ Time: _____ am/pm

Total Number of Progressively Motile Sperm per dose at Insemination: _____ Mil.

Veterinary Initials Performing Count/ Insemination: _____

Date Inseminated: _____ Time: _____ am/pm

Total Number of Progressively Motile Sperm per dose at Insemination: _____ Mil.

Veterinary Initials Performing Count/ Insemination: _____

As recorded owner of the above listed mare, I certify that the semen from the above listed stallion was received and inseminated into the above listed mare. I understand that parentage verification may be needed prior to registration

Signature of Person Inseminating the mare: _____

PREGNANCY CONFORMATION CERTIFICATE

Mare's Name and Registration Number: _____

Date mare is checked: _____ Veterinarian: _____

_____ In Foal _____ Days Pregnant

_____ Not in Foal

Comments: _____

Signature of Veterinarian: _____

Please sign and return back to breeder- Remember to submit in writing the conformation of mare in foal for the Live Foal Guarantee- must be done by the licensed Veterinarian performing the pregnancy test.