



The International Spanish Warmblood Horse Association...

OFFICE USE ONLY
Permit # _____
Approved by : _____
Date: _____

RETAINED SEMEN PERMIT APPLICATION

I hereby acknowledge that I have read and agree to be bound by and follow the ISWHA Rules and Regulations pertaining to transported and stored semen. I also understand that ISWHA will investigate non-compliance with these Rules and Regulations and, in the event of such non-compliance; any resultant foals may be ineligible for registration.

Specifically, I acknowledge that I understand the following with respect to this Request for a Retained Stored Semen Service Certificate and to the registration of foals resulting from the use of stored semen collected from this stallion:

One Retained Semen Permit is required to register foal conceived using semen that has been stored. You will receive your permit within four weeks of submitting the application to the ISWHA. The approved permit satisfies the requirements of the Stallion Owner's signature on the breeding certificate and must be included with the foal's registration application.

NOTE:
Stallion owners or leasers must ensure that they have purchased a sufficient number of Retained Semen Permits prior to the sale or exportation of a stallion. Once the ownership of a stallion changes, or the lease expires, the former stallion owner or leaser may no longer purchase Retained Semen Permits.

Registration #	Name of Stallion	# of Permits Requested
Owner or Leaser Surname	Given Names	Farm Name +
		Phone # (inc Country code e.g. +44-)
Full postal address		State/Country Country
E-mail		Website

I certify that the information on this form is true and correct to the best of my knowledge. I understand and agree to the rules and regulations for membership, inspection, and competition awards with the ISWHA

Signature	Date
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IF THE LEASER IS APPLYING FOR PERMITS, A COPY OF THE LEASE MUST BE ON FILE WITH THE ISWHA FOR THIS APPLICAITON TO BE PROCESSED.

Enclosed Fees
Retained Semen Permit Fee \$20 x _____ = TOTAL \$ _____

Visa/MasterCard No.

Expiry ____ / ____ Card Holder's Name _____

Signature _____ Date _____ (dd/mm/yyyy)

For PayPal payments, please use contact.ISWHA@gmail.com and attach copy of the receipt.