



The International Spanish Warmblood
Horse Association^{inc.}

Transported Semen Form

This is to certify that the contents of this shipment contains semen from the stallion:

Stallion Full registered name _____ Registration # _____ Name of Registry _____

Date of collection (dd/mm/yyyy) _____ Time of Collection _____ Signature of person conducting collection _____

Name and Address of person conducting collection

Surname _____ Given Names _____ + Phone Landline _____ + Phone Mobile _____

Full postal address _____ State/County _____ Country _____

E-mail _____ Website _____

I certify that the information on this form is true and correct to the best of my knowledge.

Signature _____ Date (dd/mm/yyyy) _____

THIS FORM MUST ACCOMPANY THE SEMEN TO THE MARE

This is to certify that the semen has been inseminated in the following mare:

Mare Full registered name _____ Registration # _____ Name of Registry _____

Date of insemination (dd/mm/yyyy) _____ Time of Insemination _____ Signature of person conducting insemination _____

Name and Address of person conducting insemination

Surname _____ Given Names _____ + Phone Landline _____ + Phone Mobile _____

Full postal address _____ State/County _____ Country _____

E-mail _____ Website _____

I certify that the information on this form is true and correct to the best of my knowledge.

Signature _____ Date (dd/mm/yyyy) _____