



Holsteiner Horse Association of Australia Ltd
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CERTIFICATE FOR THE USE OF TRANSPORTED/FROZEN SEMEN

This form is to be completed by the inseminating veterinarian and returned to the Registrar of the Association upon completion of a 45 day positive pregnancy test of for permitted studs with their Annual Stallion Return.

Name of Veterinarian: _____ Name of Mare Owner: _____

Address: _____ Address: _____

_____ Address: _____

Name of Mare: _____ Brands – NS: _____ OS: _____

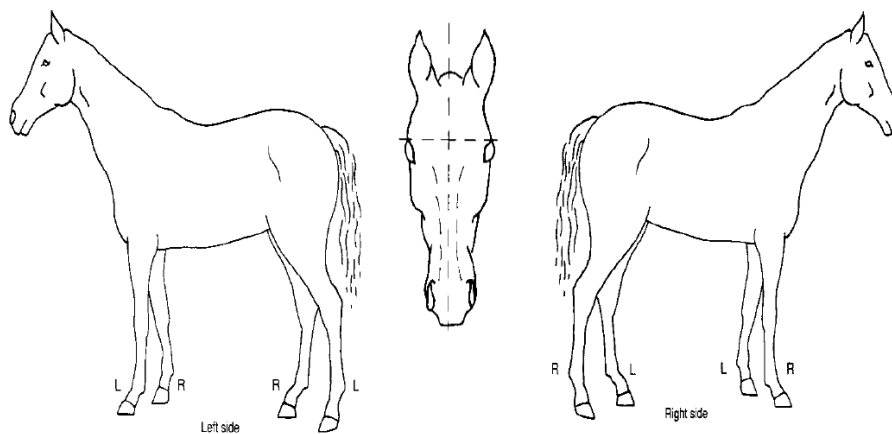
Markings: (please write in below all white markings eg sock, stocking, blaze, star etc or nil if no markings).

Near front: _____ Off front: _____

Near hind: _____ Off hind: _____

Face: _____ Colour: _____

Description sketches: Please complete the following description sketches as applicable and please include appropriate brands and whorls (in blue pen) as well as any white markings (in red pen). Please mark scars as →



Name of Stallion: _____

Stallion agent/importer: _____

Address: _____

Mare insemination dates:

Date: _____ Signed: _____ (Veterinarian)

Date: _____ Signed: _____ (Veterinarian)

Date: _____ Signed: _____ (Veterinarian)

Date: _____ Signed: _____ (Veterinarian)

Date: _____ Signed: _____ (Veterinarian)

Date: _____ Signed: _____ (Veterinarian)

I hereby certify that I have this day tested the above mentioned mare and found her to be _____ days in foal.

Date: _____ Signed: _____ (Veterinarian)

Upon completion, this form is to be sent back to the Stallion owner/Stud so that a Certificate of Service may be issued. It is also advisable to keep a copy/s of this documentation.