

## ARTIFICIAL INSEMINATION / LIVE COVER CERTIFICATE

This form has two pages. When completed, send to the registrar.

**Note: Minimum age for breeding is 3 years.**

### OWNER DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ AFHS Membership No. \_\_\_\_\_

Email \_\_\_\_\_ KFPS Membership No. \_\_\_\_\_

### MARE DETAILS

Name \_\_\_\_\_ Reg No. \_\_\_\_\_

Color/Markings \_\_\_\_\_ Date of birth \_\_\_\_\_

Microchip No. *(must be scanned by Vet)* \_\_\_\_\_

### VETERINARY DETAILS

Please select breeding method *(tick to select)*     Artificial Insemination     Live Cover

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Registration number \_\_\_\_\_

Signature Date \_\_\_\_\_

### INSEMINATION DETAILS/ 1st INSEMINATION CYCLE

#### Semen Details

STALLION NAME		
DATE COLLECTED	/ /	BATCH ID.
STALLION REGISTRATION NO.		
DATES (on/post - ovulation)	/ /	BATCH ID.
DATE 14-18 DAY SCAN	/ /	Positive / Negative (circle)
DATE 45 DAY SCAN	/ /	Positive / Negative (circle)

### INSEMINATION DETAILS/ 2nd INSEMINATION CYCLE

#### Semen Details

STALLION NAME		
DATE COLLECTED	/ /	BATCH ID.
STALLION REGISTRATION NO.		
DATES (on/post - ovulation)	/ /	BATCH ID.
DATE 14-18 DAY SCAN	/ /	Positive / Negative (circle)
DATE 45 DAY SCAN	/ /	Positive / Negative (circle)

### INSEMINATION DETAILS/ 3rd INSEMINATION CYCLE

#### Semen Details

STALLION NAME		
DATE COLLECTED	/ /	BATCH ID.
STALLION REGISTRATION NO.		
DATES (on/post - ovulation)	/ /	BATCH ID.
DATE 14-18 DAY SCAN	/ /	Positive / Negative (circle)
DATE 45 DAY SCAN	/ /	Positive / Negative (circle)

Return completed documents to  
AFHS Registrar – Nadeen Davis 124 Church Road North Motton TAS 7315  
or email [registrar@afhs.org.au](mailto:registrar@afhs.org.au) Phone 0438257288