

**ARTICIAL INSEMINATION CERTIFICATE**

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

Note: Minimum age for breeding is 3 years.

|  |  |
| --- | --- |
|  | **Mare Owner Details:** |
|  |  |
| NAME | Click here to enter text. |
|  |  |
| ADDRESS | Click here to enter text. |

|  |  |
| --- | --- |
| PHONE | Click here to enter number. |
|  |  |
| MOBILE | Click here to enter number. |
|  |  |
| E-MAIL |  |
|  | Click here to enter text. |

**Veterinarian Details**

CENTRE NAME: Click here to enter text.

ADDRESS: Click here to enter text.



|  |  |
| --- | --- |
|  | **Mare Details** |
| NAME: | Click here to enter text. |
|  |  |
| BREED: | Click here to enter text. |
|  |  |
| D.O.B. | Click here to enter a date. |
| REGISTRATION | Click here to enter number. |
| NUMBER |  |
| COLOUR | Click here to enter text. |
| MICROCHIP NO | Click here to enter number. |
| (must be |  |
| scanned by |  |
| veterinarian) |  |

VET NAME: Click here to enter text.

SIGNATURE: Click here to enter text.

REGISTRATION NUMBER: Click here to enter number.

DATE: Click here to enter a date.

Registrar: Sandy Nogueira, PO Box 21135, Henderson, Waitakere, Auckland, email registrar@nzfhs.co.nz

Ph: 021755592

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**INSEMINATION DETAILS**

|  |  |
| --- | --- |
| **INSEMINATION DETAILS - 1st INSEMINATION CYCLE** | **Semen Details** |
|  |  |  |
| STALLION NAME: Click here to enter text. |  | Stallion Registration number: Click here to enter text |
|  |  |  |
| Date Collected: Click here to enter a date. |  |  |
|  |  |  |
| **Dates and Dose:** |  |  |
|  |  |  |
| Batch ID: Click here to enter number. |  | Date (pre-ovulation): Click here to enter a date. |
|  |  | No of straws: Click here to enter number. |
| Date (on/post- ovulation):Click here to enter a date. |  | Date early (16) day scan:Click here to enter a date. |
| No of straws: Click here to enter number. |  | Status early scan:Click here to enter text. |
|  |  |  |
| Date @ 45 day scan:Click here to enter a date. |  | No of straws: Click here to enter number. |
| Status @ 45day scan:Click here to enter text. |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INSEMINATION DETAILS - 2nd INSEMINATION CYCLE** | **Semen Details** |  |
|  |  |  |  |  |
|  | STALLION NAME: Click here to enter text. |  | Stallion Registration number: Click here to enter number. |  |
|  |  |  |  |  |
|  | Date Collected:Click here to enter a date. |  |  |  |
|  |  |  |  |  |
|  | **Dates and Dose:** |  |  |  |
|  |  |  |  |  |
|  | Batch ID:Click here to enter text. |  | Date (pre-ovulation): Click here to enter a date. |  |
|  |  |  | No of straws: Click here to enter number. |  |
|  | Date (on/post- ovulation): Click here to enter a date. |  | Date early (16) day scan:Click here to enter a date. |  |
|  | No of straws: Click here to enter number. |  | Status early scan: Click here to enter text. |  |
|  |  |  |  |  |
|  | Date @ 45 day scan: Click here to enter a date. |  | No of straws: Click here to enter number. |  |
|  | Status @ 45day scan: Click here to enter text. |  |  |  |
|  |  |  |  |  |
|  | **INSEMINATION DETAILS – 3rd INSEMINATION CYCLE** | **Semen Details** |  |
|  |  |  |  |  |
|  | STALLION NAME: Click here to enter text. |  | Stallion Registration number: Click here to enter number. |  |
|  |  |  |  |  |
|  | Date Collected: Click here to enter a date. |  |  |  |
|  |  |  |  |  |
|  | **Dates and Dose:** |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  | Registrar: Sandy Nogueira, PO Box 21135, Henderson, Waitakere, Auckland, email registrar@nzfhs.co.nz  |  |
|  | Ph: 021755592 |  | Page 2 |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Batch ID: Click here to enter number. | Date (pre-ovulation): Click here to enter a date. |
|  | No of straws: Click here to enter number. |
| Date (on/post- ovulation): Click here to enter a date. | Date early (16) day scan: Click here to enter a date. |
| No of straws: Click here to enter number. | Status early scan: Click here to enter text. |
|  |  |
| Date @ 45 day scan: Click here to enter a date. | No of straws: Click here to enter number. |
| Status @ 45day scan: Click here to enter text. |  |
|  |  |



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