



International Colored Appaloosa Association, Inc

125 S Main St, #185, McAlester, OK 74501

(See website prior to mailing to be sure address is current)

www.icaainc.com

icaa@icaainc.com

Semen Collection and Insemination Certificate

To be completed by the stallion owner, lessee, or authorized agent (leases and/or authorizations must be filed with the ICAA). Forward a copy of this form to the mare owner with the semen shipment. A copy of this form should be retained for the stallion's breeding records before being mailed to the mare owner. This form does not replace a Breeder's Certificate. (Please print or type)

SEMEN COLLECTION

Stallion being collected from:

Stallion's name: _____ Breed: _____ Registration # _____

Mare for which semen is being shipped or used:

Mare's name: _____ Breed: _____ Registration # _____

Name and address semen was shipped to:

Name: _____ Phone: _____
Address: _____ Phone: _____
_____ Email: _____

Collection Date (for cooled semen): ___/___/___ Time: _____ AM/PM

Shipped Date (for cooled semen): ___/___/___

Shipping Date or Date Accepted for Use (for frozen semen): ___/___/___

I do hereby certify that semen was shipped or used for the above-named stallion.

X _____
Written signature of Recorded Owner, *Lessee or *Authorized Agent of stallion at the time semen was collected.

Printed name of recorded owner, lessee, or authorized agent of stallion:

Name: _____ ICAA Membership #: _____
Address: _____ Phone: _____
_____ Email: _____

INSEMINATION CERTIFICATE

To be completed by person inseminating mare. (Please print or type)

Mare to be inseminated:

Mare's name: _____ Breed: _____ Registration # _____

Cooled Transported Semen

Date Received: ___/___/___ Date Inseminated: ___/___/___ Time Inseminated: _____ AM/PM

Date Inseminated: ___/___/___ Time Inseminated: _____ AM/PM

Frozen Semen

Date Received: ___/___/___ Date Inseminated: ___/___/___ Time Inseminated: _____ AM/PM

Date Inseminated: ___/___/___ Time Inseminated: _____ AM/PM

Written Signature of person inseminating mare:

X _____
I certify the above details to be correct. I identified the mare by her original Certificate of Registration, and the semen was properly labeled as semen collected from the stallion named above.

Printed name of person completing insemination:

Name: _____ ICAA Membership #: _____
Address: _____ Phone: _____
_____ Email: _____

Please note: A copy of this form should be returned to the stallion owner as a notification of the mare's insemination dates.