# Frozen Semen Insemination Record

*To be filled out for breedings with imported KWPN frozen semen or frozen semen from outside stallions.*

*This form must be signed by the performing veterinarian at the time of each insemination. Mare must be checked for pregnancy by ultrasound examination 14 days after each heat cycle during which the mare was inseminated and examined for pregnancy 60 days after last insemination. Results must be recorded below. If this form is being submitted for a horse that has already been born, no vet signature is required.*

Stallion: _____ Mare Owner: _____

Reg #: _____ Breed: _____ Address: _____

Mare: _____ City, State, Zip: _____

Reg #: _____ Breed: _____ Email: _____

***(If either mare or stallion is not KWPN registered, please enclose a copy of registration papers.)***

Please check one of the following: ❑ Maiden ❑ Foaling ❑ Barren. If barren, explain: _____

_____

Was pre-breeding culture performed on mare: ❑ Positive ❑ Negative ❑ Not Done

Is mare caslicked: ❑ Yes ❑ No

| INSEMINATION RECORD<br>List all Insemination dates | | | PREGNANCY RECORD<br>List all Insemination dates | | | |
|---|---|---|---|---|---|---|
| Insemination Date | | Veterinarian Signature | Date | In Foal | Not In Foal | Veterinarian Signature |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

I examined the above mare [ ____ ] days after last insemination and found her: ❑ in foal ❑ not in foal.

Date: _____ Veterinarian's Signature_____

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