

SHELBOURNE FARM LLC



SEMEN DELIVERY CERTIFICATE AND MARE BREEDING PASSPORT

Please return this form after the 14-20 day pregnancy check has been performed via Ultrasound.

PART 1. Identification: Mare owner _____
Mare's Reg. Name _____
Mare's Breed _____ Color _____ Age _____

Markings _____

For fresh Cooled semen, only dates are needed

PART 2. Insemination Record:

| Date | No. of Straws used | Date | No. of straws used |
|----------|--------------------|----------|--------------------|
| 1. _____ | _____ | 2. _____ | _____ |
| 3. _____ | _____ | 4. _____ | _____ |

This certifies that, I _____ DVM, Received _____ straws of **frozen semen**
of

the Stallion _____

Or

This certifies that, I _____ DVM, Received _____ vials of **fresh cooled**

Semen of the stallion _____

I inseminated the above described mare on the dates indicated and I am returning the delivery certificate and mare breeding passport immediately after the 14 – 20 day pregnancy check. I will sign and return to Shelbourne Farm LLC, the mare pregnancy report document, after the mare is confirmed in foal for this season.

Signature of Veterinarian; _____ License Number _____

Please return this document via Fax: (908) 439-3588

Or by mail

Shelbourne Farm LLC.
P.O. Box 16
Oldwick, NJ 08858