STALLION MONTHLY SEMEN TRANSPORT REPORT

FOR THE MONTH ENDING ……/……/20……

This form **MUST** be forwarded to The Society **EACH MONTH** semen is transported by the Owner/Lessee/Authorised Agent of **EVERY** Stallion authorised for A.I. use within South Africa or overseas. Details of **ALL** Semen transportation **MUST** be recorded.

Name of Stallion	Reg. No.	Country Stallion Resides in	Date of Semen Transport	Forwarded to Name & Address	Proposed Mare to be Inseminated (if known)	No. Of Straws

If any of the above stallions have died or been gelded please advise the Society and forward the registration certificate.

STALLION OWNERS / LESSEES / AGENTS DECLARATION

I hereby declare that the above information is correct to the best of my knowledge.

Signature:_____ Date: _____ Phone No: _____

Name _____ Address: _____