



FROZEN SEMEN TRANSACTION REPORT

Mare Owner Jane Doe Mare Name Snickers
Phone (xxx) xxx-xxxx Breed AQHA
Registration # xxxxx

Ship to: Sample Vet Clinic
Address: 123 Sample Street Phone: (xxx) xxx-xxxx
Sample City
State 12345 Fax: (xxx) xxx-xxxx

Veterinarian: Mr. Veterinarian
Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx

Will the Vet be transferring the semen into a storage container? [ ] Yes [x] No

Special Instructions:

Please return this container by the Anticipated Return date above. If you are going to need to keep the tank for a longer period you must call us at (410) 885-3202 by that date or a daily rental fee will apply.

Frozen Semen Information:

Stallion/SBS ID #/Reg #/Breed: Stallion Name/20-xxxx/AQHAxxxxx/Quarter Horse

Table with 8 columns: Date frozen, No. straws/size, Straw ID, No. straws per dose, No. Doses, Post-thaw motility\*, Number of sperm per dose total/progressively motile, Semen EVA status. Contains two rows of data.

\* Post -thaw Motility = Progressive Motility (%)

Frozen semen from this stallion: [x] has resulted in pregnancies [ ] has not yet been tested for fertility
[ ] has not yet resulted in pregnancies [ ] the fertility is unknown following insemination

This semen was shipped from: Select Breeders Services Inc. 961 Cayots Corner Rd, Chesapeake City, MD 21915 (410) 885-3202; info@selectbreeders.com
Semen Processor information: Semen was frozen by Select Breeders Services Inc., Maryland
If there are any questions or concerns please call!

Packed & Shipped by: Rosella Saville

Date: 7/23/13

Signature of Technician:

SBS/3008