

**ARTIFICIAL INSEMINATION INFORMATION FORM**  
**Northeast Pennsylvania Equine Clinic**

**Mare Information**

Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Prior Foaling History: \_\_\_\_\_

\_\_\_\_\_

Last Signs of Heat: \_\_\_\_\_

**Stallion Information**

Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Farm Name: \_\_\_\_\_

Stallion Manager's Name: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Collection Days: M T W Th F Sa Su or ODD EVEN

Number of days notice required: \_\_\_\_\_ Call before: \_\_\_\_\_ AM PM

**Shipping Container**

Equitainer \_\_\_\_\_ Foam \_\_\_\_\_

Must be returned within \_\_\_\_\_ hours.       Does not need to be returned

**Shipper**

Federal Express \_\_\_\_\_ UPS \_\_\_\_\_ DHL \_\_\_\_\_

Airport to Airport \_\_\_\_\_ Other \_\_\_\_\_

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I hereby give permission to NPEC to discuss my mare's medical information as it pertains to her reproductive status, up to and including pregnancy status and resultant birth, with stallion's owner/agent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby agree to pay NPEC for all services rendered related to the breeding of my mare plus the daily boarding rate. A deposit of one half of the estimate for my mare's stay will be due on admission and the balance of actual expenses incurred at the time of discharge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date