

**\* Please return after final pregnancy check; either positive or negative. \***

HOPEFUL FARM SPORT HORSES  
 4595 Mahoney Road, McFarland WI 53558  
 608-835-1820

**VETERINARY CERTIFICATE OF INSEMINATION  
 & PREGNANCY EXAMINATION**

I, the undersigned Veterinarian, duly licensed in the state/province of \_\_\_\_\_, and holding current license # \_\_\_\_\_, do hereby attest that at the following time(s) on the following date(s) I artificially inseminated the \_\_\_\_\_ year old, \_\_\_\_\_ (color) mare named \_\_\_\_\_, owned by \_\_\_\_\_, with the fresh-cooled semen labelled as being from the stallion named **Remarkable**.

Said inseminations were carried out in accordance with standard veterinary practices, and in accordance with the instructions supplied with the semen. I also certify that I examined this same mare for pregnancy on the following date(s), and have correctly indicated the results of these examinations.

I further certify that after careful inspection, the mare inseminated is the mare described on the mare Identification Form to which this certificate is attached.

I further certify that no other mare was inseminated with the semen designated for this mare.

| Date of Insemination          | Approximate Time | Approximate % Progressive Motility of Properly Warmed Sperm at Time of Insemination |
|-------------------------------|------------------|---|
|                               |                  |   |
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|                               |                  |   |
| Date of Pregnancy Examination |                  | Results of Examination  |
|                               |                  |   |
|                               |                  |   |
|                               |                  |   |
|                               |                  |   |

WITNESS my signature, under the pains and penalties of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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