

**ACE**AUSTRALIAN CONTINENTAL
EQUESTRIAN GROUP INC.**ARTIFICIAL INSEMINATION RECORD**
ACE or other Service Certificate No #: _____

Please follow these steps:

1. **Stallion Owner:** Please send this form to the mare owner/vet with semen sample including the ACE Group Inc. Service Certificate number.
2. **Veterinary Surgeon or Accredited AI Technician:** Please complete this form at the time of each artificial insemination and return after positive pregnant test to the mare owner.
3. **Mare Owner:** When the mare has foaled please forward this form to the Stallion owner who will complete the Service Certificate (please keep a copy for yourself).

Registered Name of Mare: _____ **Registration Details:** _____**Colour:** _____ **DOB:** _____**Markings: Head** _____**NSF** _____ **NSH** _____**OSF** _____ **OSH** _____**Brands: NSS** _____ **OSS** _____ **NSHQ** _____**Mare Owner/ Lease: Full Name:** _____**Address:** _____ **Suburb** _____ **State** _____**1st Insemination**

I hereby acknowledge receipt of the semen from the stallion _____

in a sealed container from the agent/stud _____ on ___ / ___ / ___

I certify that I have artificially inseminated the mare as described and owned in word overleaf, with the semen provided.

Date(s) and time(s) of insemination(s):	Name and address of Veterinary Surgeon / AI Tech. :
	Signature:

2nd Insemination

I hereby acknowledge receipt of the semen from the stallion _____

in a sealed container from the agent/stud _____ on ___ / ___ / ___

I certify that I have artificially inseminated the mare as described and owned in word overleaf, with the semen provided.

Date(s) and time(s) of insemination(s):	Name and address of Veterinary Surgeon / AI Tech. :
	Signature:

3rd Insemination

I hereby acknowledge receipt of the semen from the stallion _____

in a sealed container from the agent/stud _____ on ___ / ___ / ___

I certify that I have artificially inseminated the mare as described and owned in word overleaf, with the semen provided.

Date(s) and time(s) of insemination(s):	Name and address of Veterinary Surgeon / AI Tech. :
	Signature:

POSTITIVE PREGNANCY TEST: YES / NO **DATE(s):** _____**Name of Vet. / AI Tech:** _____ **Signature:** _____

THE AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

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