

1derful Sport Horses



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Golden Oak Farm

Mare Insemination Report

To be completed by veterinarian and

faxed to 650-838-0688

or mailed to:

2301 Bryant Street

Palo Alto, CA 94301

Name of Stallion: **Montserrat**

Name of Mare: _____

Registration # of mare: _____

Breed of Mare: _____

Owner of Mare: _____

Date & Time Inseminated: _____

Post-thaw Absolute Motility %: _____

Post-thaw Forward Motility %: _____

Follicle Size at Insemination: _____

Date & Est. Time of Ovulation: _____

Mare Pregnancy Check Date: _____

Mare Pregnant: Yes No

Mare inseminated by (Veterinarian's name) _____

Currently Licensed in State of _____

Signature: _____ Date: _____