



Rheinland Pfalz-Saar International
Shipped Semen Form



Horse Information

Stallion Name: _____ Semen Shipped to: _____

Stallion Owner: _____ Mare Owner: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Semen Information

Collection Date: _____ Time: _____

Volume (Gel-Free): _____ mls

Sperm Concentration: _____ millions/ml

Total Number of Sperm in Ejaculate _____ billion

Sperm Motility _____ % extended

Extended Sperm Information

Extender Used: _____ Antibiotic: _____

Volume of Raw Semen per Insemination Dose: _____ mls

Volume of Semen Extender Per Insemination Dose: _____ mls

Total Volume of Extended per Insemination Dose: _____ mls

Total Number of PMS Per Insemination Dose: _____ billion

Number of Insemination Doses Shipped: _____