



Belgian Draft Horse Corporation of America
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RETAINED FROZEN SEMEN REPORT

Date: _____ / _____ / _____ (month, day, year)

Stallion named: _____ Reg. #: _____ -

Quantity (straws) of Semen Frozen: _____ Year of Semen Collection: _____

Owner of Stallion: _____ Member/Owner #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ E-mail: _____

Signature of the recorded owner(s) of Stallion: _____

(DO NOT PRINT)

FEES: None for filing