



Belgian Draft Horse Corporation of America
 P.O. Box 335 • Wabash IN 46992 • 260-563-3205 • Fax: 260-274-4194
 e-mail: belgian@belgiancorp.com • Web: www.belgiancorp.com



FROZEN SEMEN CERTIFICATE

Date: ____/____/____ (month, day, year) Quantity of Frozen Semen Certificates: _____

Stallion Name: _____ Reg. #: _____

Year of semen collection: _____
Year

Owner(s) of Stallion: _____ Member/Non-Member #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ E-mail: _____

Signature of the recorded owner(s) of Stallion: _____
(DO NOT PRINT)

Note: Retained Frozen Semen Report must be filed before applying for Frozen Semen Certificates.

FEES: Members \$20 Non-Members: \$35 (per Frozen Semen Certificate)

Check Enclosed Credit Card – Credit Card# _____ CCV Code _____

Exp. Date: ____/____/____ Signature: _____

Printed Name: _____ Billing Zip Code # _____

Check this box if you want your credit card information kept on file.



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