



Prima Equestrian

16979 Ninth Line
Mount Albert, Ont., L0G 1M0
Office: 1-905-473-7433, Cell: 1-647-385-2672
Fax: 1-905-473-2672
Email: sales@primaequestrian.com
www.primaequestrian.com
www.facebook.com/PrimaEquestrian

VDL FROZEN INSEMINATION RECORD

Veterinarian: Please fill out the following **after each insemination** of VDL frozen semen.

Place this form and the empty straws in an envelope and return to Prima Equestrian the next business day after insemination, as required by the contract. Thank you.

Mare Owner/Breeders Name: _____

Breeding Date: _____ Pre-breeding Culture: Positive Negative Not Done

Stallion: _____ Mare's Name: _____

Total Number of Straws Used: _____ Dates on Straws: _____

Breeding: Normal ET ICSI

Breeding Method: AI Gun Syringe

Deep Horn: Yes No

Estimated hours from ovulation: _____ Pre Post

Post Thaw Motility % (if tested): _____ Estimated or Machine

Veterinarian Clinic: _____

Veterinarian Name (Print): _____

Veterinarian Phone: _____

Veterinarian Signature: _____

Clinic or Veterinarian Stamp:



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PREGNANCY CHECK:

Veterinarian: Please fill out the following **after each pregnancy check.**

This document should be either scanned and emailed to sales@primaequestrian.com or mailed to Prima Equestrian the next work day following the pregnancy check, as required by the contract.

Mare Owner/Breeders Name: _____

Breeding Date: _____ Name of Stallion: _____

Mare's Name: _____

Date of Pregnancy Check: _____ Is Mare Pregnant: Yes No

Size of Conceptus: _____ mm

Is there any Fluid Visible: Yes No

Is Mare Caslicked : Yes No

Please check one of the following: Maiden, Foaling, Barren. If barren explain: _____

Veterinarian Clinic: _____

Veterinarian Name (Print): _____

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