

**ILLINOIS DEPARTMENT OF AGRICULTURE
ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM
TRANSPORTED FRESH SEMEN REPORT
-To Be Completed for Each Mare Inseminated-**

This form must be returned to the Illinois Department of Agriculture **within TEN (10) days** of receipt and use of semen with all requested information and required signatures. Facsimiles will be accepted. **Note:** If mare is rebred utilizing transported fresh semen; **subsequent inseminations must be reported within TEN (10) days**. Mares participating in this program must be identified at the insemination site by an Illinois Department of Agriculture investigator.

THIS SECTION IS TO BE COMPLETED BY PERSON RESPONSIBLE FOR MARE AT INSEMINATION SITE.

NAME OF STALLION _____

NAME OF MARE _____ TATTOO NUMBER _____

DESCRIPTION OF MARE: COLOR _____ MARKINGS, BRANDS, OR SCARS _____

MARE OWNER NAME AND ADDRESS: _____

COUNTY _____

DATE SEMEN COLLECTED AND SHIPPED _____

PLACE OF INSEMINATION (FARM NAME) _____

CITY/TOWN _____ DATE RECEIVED AND INSEMINATED _____

BY WHOM (SIGNATURE REQUIRED): _____

PRINT NAME _____ TELEPHONE NUMBER _____

THIS REPORT MUST BE RETURNED WITHIN TEN (10) DAYS OF RECEIPT OF SEMEN TO:

**ILLINOIS DEPARTMENT OF AGRICULTURE
ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM
P.O. BOX 19281
SPRINGFIELD, IL 62794-9281
TELE: (217) 785-0106 FAX: (217) 524-6194
www.agr.state.il.us**

THIS SECTION TO BE COMPLETED BY DEPARTMENT OF AGRICULTURE EQUINE INVESTIGATOR

VALIDATED BY: _____ DATE: _____