
APPLICATION FOR RETAINED SEMEN RIGHTS PERMITS

I hereby acknowledge that I have read and agree to be bound by and follow the AQHA rules pertaining to frozen semen. I also understand that AQHA will investigate non-compliance with these rules and, in the event of such non-compliance, any resulting foals may be ineligible for registration.

I understand that one Retained Semen Rights Permit is required to register a foal conceived using frozen semen from this stallion after he is no longer in my ownership. The signed permit will serve as the stallion owner's portion of the breeder's certificate.

As the stallion owner, I understand that I must ensure that a sufficient number of Retained Semen Rights Permits are purchased prior to my sale of the stallion. Once the ownership changes, I understand that I may no longer purchase Retained Semen Rights Permits from AQHA.

Stallion's Name

Registration Number

Please mail the Retained Semen Rights Permits to:

Name

AQHA ID Number

Address

City, state and zip code

Telephone Number

Signature of owner or authorized agent

AQHA ID Number

Date Signed

Number of permits requested: _____ X \$75 = _____
Total Enclosed