

American Morgan Horse Registry
122 Bostwick Road Shelburne, Vermont 05482-4417
(802) 985-4944 * registry@morganhorse.com * www.morganhorse.com

Authorization to Issue Frozen Semen Certificates

I, _____ certify that semen was obtained from
(stallion owner's name(s))

_____ and then frozen.
(stallion's name) Registration No.

I further certify that I understand that each Frozen Semen Certificate issued by the American Morgan Horse Registry can be used to register one foal by the above named stallion.

Having sold _____ units of frozen semen from the above named stallion to
(insert number)

the purchaser listed below, I authorize the American Morgan Horse Registry to accept the signature of the purchaser listed below on applications for Frozen Semen Certificates as needed up to a total of _____* certificates.

* ___ Check here if there is no restriction on the number of certificates to be issued.

Further, I authorize the American Morgan Horse Registry to issue the Frozen Semen Certificates in the name of the purchaser listed below and to release them directly to the purchaser.

Purchaser's Name: _____

Address: _____

Town _____ **State** _____ **Zip Code** _____

Printed name of Seller

AMHA Account Number

Signature of Seller

Printed name of Seller (if more than one owner)

AMHA Account Number

Signature of Seller

Address

Town

State

Zip Code