FROZEN SEMEN REGISTRATION

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REGISTRATION # | | | | | | | |

STALLION NAME | | | | | | | | | | | | | | | | | | | | | | | | |

DATE RECORDED: _____/_____/_____

NUMBER OF STRAWS: _____

SIGNATURE: X _____ DATE: _____

MAILING ADDRESS: _____ CITY/STATE: _____

ORIGINAL MUST BE RETURNED WITH RETAINED SEMEN DISCLOSURE STATEMENT AND TRANSFER OF OWNERSHIP FORMS.

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SEND TO TENNESSEE WALKING HORSE BREEDERS' & EXHIBITORS' ASSOCIATION, P O BOX 286, LEWISBURG TN 37091-0286