

Transported Semen Permit Application



American Paint Horse Association

P.O. Box 961023 ♦ Fort Worth, Texas 76161
(817) 834-APHA (2742) ♦ Fax (817) 222-8496
www.apha.com ♦ askapha@apha.com

Office use only

Date Received: _____ Work Order No.: _____

Permit No.: _____ Date Reports Mailed: _____

Amount Charged on Credit Card: _____ Initials: _____

Permit Must be Issued Prior to Shipping

Instructions

- All stallions must have a DNA genetic type on file with APHA before a permit will be issued. If not, you may order a kit on this form or download one from apha.com.
- All stallions must be listed for breeding with APHA before a permit will be issued. The listing fee is valid for the life of the horse.
- If the stallion is a Thoroughbred or a Quarter Horse, a Stallion Listing Card must be completed and on file with APHA prior to the issuance of a Transported Semen Permit. A Stallion Listing Card can be downloaded at apha.com/forms or by calling (817) 834-2742, extension 221.
- If any mare does not conceive within the calendar year during which she is inseminated with transported cooled or frozen semen, a new permit must be applied for and the fee paid before semen may be transported in the subsequent calendar year.
- You will incur a \$500 fee if the semen is shipped before permit is on file.
- For additional information concerning APHA transported semen rules, see rule RG-115 in the *APHA Rule Book*, or call the Field Services Department at (817) 834-2742, extension 221, or by fax at (817) 222-8496.

Fee Schedule

- Average application completion times range from 10 to 14 days depending on the time of year submitted. If you wish to have your permit completed sooner, a rush service is available for an additional charge.
- Minimum processing time for a rush permit is three days. Following is required on rush work:
 1. Envelope marked "RUSH"
 2. Daytime phone number
- Rush fees will not be refunded.
- Fees subject to change without notice.

Membership

- Membership must be held or purchased in exactly the same name as that under which the stallion is owned at the time of application in order to take advantage of reduced member rates.
- Memberships begin in the same month application is postmarked.

Year Applying for Application: _____

Registered Name of Stallion: _____ Registration Number: _____

Registered Owner: _____ APHA I.D. Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Indicate which methods will be used: Cooled Frozen

Name of Clinic/Station where collection will be performed: _____

Veterinarian, Technician or Institute to Perform Collection: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Number of Collection/Insemination Reports needed: _____

Mail Reports to: _____

I have read and agree to the rules as described in RG-115. in the current *American Paint Horse Association Rule Book*. I understand that non-compliance with these rules may subject me to disciplinary action and any resulting foal may be ineligible for registration. I also understand that the use of proper methods for shipping and using transported semen is the responsibility of the owners of the stallion and mare involved. APHA, their directors, officers and employees assume no responsibility for the success or failure of the breeding process. Breeding contracts are contracts between the stallion and mare owners only.

Stallion Owner/Agent Signature: X

The following should be accepted on Transported Cooled/ Frozen Semen Permit application and Collection and Insemination Reports. These signatures will be recorded as authorized agents for the above named stallion and current breeding year only.

Printed Name: _____ Signature: X

Printed Name: _____ Signature: X

Printed Name: _____ Signature: X

Printed Name: _____ Signature: X

Fees

	Member
<input type="checkbox"/> Transported Cooled Semen Permit	\$100
<input type="checkbox"/> Rush Fee	\$50
<input type="checkbox"/> Listing Fee	\$75
<input type="checkbox"/> DNA Hair Kit	\$60

Membership Levels

- One-year—\$40 Three-year—\$90
 Five-year—\$150 Lifetime—\$500

Permit Fee: \$ _____

Rush Fee: \$ _____

Listing Fee: \$ _____

Membership Dues: \$ _____

TOTAL \$ _____

Check or money order enclosed. **Do not send cash.**
If you pay by check, it may be converted into an electronic funds transfer.

MasterCard VISA American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____ CVV #: _____

Name of Cardholder: _____

APHA I.D. No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Signature: _____