



Frozen Semen Registration

Date: _____

Name of Stallion: _____

Registration Number: _____

Date of Collection: _____ Number of Straws: _____

Stallion Owner:

Name: _____ RMHA Member #: _____

Address: _____

Home Phone: _____ Cell : _____

E-mail: _____

Mark applicable box:

Owner of straws is owner of stallion

Owner of straws is NOT owner of stallion

Transfer or sale of straws to:

Name: _____ RMHA Member #: _____

Address: _____

Home: _____ Cell: _____

Date of Transfer/Sale: _____ Number Straws Transferred/Sold: _____

Retained Breeding Rights by Previous Owner

Previous Owner: _____

Current Owner: _____

Number of Straws retained by Previous Owner: _____

Mail to: RMHA Headquarters
4037 Iron Works Pky, Ste 160
Lexington KY 40511-8508