

THE NATIONAL PONY SOCIETY



SALE OF FROZEN SEMEN FORM



For Office Use Only: Pony ID:

Date Completed:

PLEASE SEND TO THE OFFICE TO CONFIRM OWNERSHIP
OF SEMEN

SECTION A: SELLER DETAILS – COMPULSORY

* Mr Mrs Miss Other:

Surname * Forename(s) *

Address *

Postcode * Daytime Tel (Indicate if home/work/mobile) *

SELLER Signature(s)* _____ Date: _____

SECTION B: STALLION DETAILS

FULL NAME OF REGISTERED/NON-REGISTERED PONY *

UNIQUE EQUINE LIFE YEAR OF BIRTH

SECTION C: SEMEN DETAILS

AMOUNT * Doses DATE OF PURCHASE *

SECTION D: SEMEN PURCHASER DETAILS *Mandatory Data (COMPLETE THIS SECTION IN FULL IN BLOCK CAPITALS PLEASE)

* Mr Mrs Miss Other: _____ Membership Number

Surname * Forename(s) *

Address *

County * Postcode *

Daytime Tel (Indicate if home/work/mobile) *

Email Address

SECTION E: DECLARATION

I certify that I have completed the above application form to the best of my knowledge and the details I have given are accurate in all respects.

NEW OWNER Signature(s) _____

Print Name: _____ Date: _____