

**ILLINOIS DEPARTMENT OF AGRICULTURE  
ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM  
TRANSPORTED FRESH SEMEN REPORT  
-To Be Completed for Each Mare Inseminated-**

This form must be returned to the Illinois Department of Agriculture **within TEN (10) days** of receipt and use of semen with all requested information and required signatures. Facsimiles will be accepted. **Note:** If mare is rebred utilizing transported fresh semen; **subsequent inseminations must be reported within TEN (10) days.** Mares participating in this program must be identified at the insemination site by an Illinois Department of Agriculture investigator.

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THIS SECTION IS TO BE COMPLETED BY PERSON RESPONSIBLE FOR MARE AT INSEMINATION SITE.

NAME OF STALLION \_\_\_\_\_

NAME OF MARE \_\_\_\_\_ TATTOO NUMBER \_\_\_\_\_

DESCRIPTION OF MARE: COLOR \_\_\_\_\_ MARKINGS, BRANDS, OR SCARS \_\_\_\_\_

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MARE OWNER NAME AND ADDRESS: \_\_\_\_\_

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DATE SEMEN COLLECTED AND SHIPPED \_\_\_\_\_

PLACE OF INSEMINATION (FARM NAME) \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ DATE RECEIVED AND INSEMINATED \_\_\_\_\_

BY WHOM (SIGNATURE REQUIRED): \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

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**THIS REPORT MUST BE RETURNED WITHIN TEN (10) DAYS OF RECEIPT OF SEMEN TO:**

**ILLINOIS DEPARTMENT OF AGRICULTURE  
ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM  
P.O. BOX 19281  
SPRINGFIELD, IL 62794-9281  
TELE: (217) 782-4231 FAX: (217) 524-6194  
[www.agr.state.il.us](http://www.agr.state.il.us)**

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THIS SECTION TO BE COMPLETED BY DEPARTMENT OF AGRICULTURE EQUINE INVESTIGATOR

VALIDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_