



national pygmy goat association

1932 149th Ave SE, Snohomish, WA 98290

RECORD OF SEMEN PROCESSING FOR ARTIFICIAL INSEMINATION

Name of Buck: _____

Registration # _____ Birthdate: ____ / ____ / ____ Tattoo/Chip # _____

Processor: _____

Date Processed : ____ / ____ / ____ # of Straws Processed: _____

Name of Owner of Buck (print): _____

Signature of Owner of Buck at time of processing: _____

Signature of Processor (or attach processor's report): _____

This record of processing must be properly filed with the Central Office before any offspring resulting from the use of the processed semen may be registered.

No charge for the filing of this form.