



8300 Cody Dr, Ste A  
Lincoln, NE 68512  
www.AlpacaInfo.com  
phone: (402) 437-8484  
fax: (402) 437-8488

# CERTIFICATE OF ARTIFICIAL INSEMINATION

Breed: \_\_\_\_\_

## DAM

Dam Name: \_\_\_\_\_ Registry Number: \_\_\_\_\_

Indicated Dam Owner: \_\_\_\_\_ Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SIRE

Sire Name: \_\_\_\_\_ Registry Number: \_\_\_\_\_

Indicated Sire Owner: \_\_\_\_\_ Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## ARTIFICIAL INSEMINATION INFORMATION

Insemination Date: \_\_\_\_\_

Semen: Fresh / Frozen (circle one)

Semen: Sexed Yes / No (circle one)

## INDIVIDUAL COLLECTING/PERFORMING INSEMINATION

\_\_\_\_\_ printed name \_\_\_\_\_ signature Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Both Dam and Sire must be DNA validated and registered with Alpaca Owners Association, Inc.  
Mail this form along with necessary documentation for registry completion to the address above.