

# Bucking Horse Breeders Association

## Sire Service Declaration & Semen Declaration (AI)

[www.buckinghorsebreeders.com](http://www.buckinghorsebreeders.com)  
435-789-BHBA (2422)



**Required for Registration:** If the person requesting to register the horse is NOT the registered owner of the sire, a Sire Service Declaration must be submitted as part of the original Registration Application.

**Required for Artificial Insemination:** If the person requesting to register a horse purchased semen, the buyer must complete the Artificial Insemination section. The breeder who owns the female inseminated must complete the remainder of the form.

**Mail To:**  
B.H.B.A  
P.O. Box 1394  
Vernal, UT 84078

### Required for both Natural Breeding and Artificial Insemination and Clones

Owner of Male or Seller of Semen or Horse being Cloned: \_\_\_\_\_

Address of Owner or Seller: \_\_\_\_\_

Address Of Contact Person For This Membership: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Male/Horse being Cloned & Registration #: \_\_\_\_\_

#### Natural Breeding Only

Natural Breeding - If the females were naturally bred by the above male, the owner of the male MUST complete the form:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Artificial Insemination Only

Artificial Breeding: If females were artificially bred, the owner of the semen MUST complete this form. I (printed name) \_\_\_\_\_, certify that I have purchased semen collected from the above indicated animal. I certify that I have the authority to register offspring from the use of semen from the above indicated animal. I agree to hold the Bucking Horse Breeders Association harmless in all registration matters concerning the use of semen from the above indicated animal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Cloned Only

Cloning: The owner listed above must sign here to give the BHBA the permission to register the clone of the horse listed above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name	Registration Numbers	Date Serviced	or	Dates Male Was With Females
_____	_____	_____		_____ to _____
_____	_____	_____		_____ to _____
_____	_____	_____		_____ to _____

#### For Office Use Only

Membership #: \_\_\_\_\_ Received Date: \_\_\_\_\_ Signature: \_\_\_\_\_