



American Haflinger Registry
PO Box 124, Fredericktown, OH 43019
Ph: 330-784-0000
General AHR Office E-mail:
secretary@haflingerhorse.com

EMBRYO TRANSFER REPORTING FORM

The owner of the donor mare at the time of embryo transfer is responsible for completing and submitting this form within 90 days of the embryo transfer date.

Mare Owner: (Owner of the donor mare at the time of Embryo Transfer)

Name _____

Address _____

City _____ State _____ Zip _____

Owner's Signature _____

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Donor Mare _____ AHR Reg # _____

Stallion _____ AHR Reg # _____

Date of cover _____ Method Artificial Insemination Live Cover

Recipient Mare _____ Breed _____

Date of Embryo Transfer _____ Estimated Due Date _____

Please return this completed form along with the \$50 fee within 90 days of successful transfer. All foals that are the result of Embryo Transfer will be so noted within the AHR registration number.

For additional embryos from this donor mare, please complete separate forms. The \$50 Embryo Transfer Fee covers this donor mare for this calendar year.