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.