



# Application to Perform Embryo Transfer

## PART ONE

I hereby apply to perform an embryo transfer during the year \_\_\_\_\_. I am aware and acknowledge that this application must be approved by the Registrar before a transfer can be performed by a reproductive specialist, in accordance to USTA Rule 26, Section 23. *Once this application is approved, the Certificate of Embryo Transfer must be completed and returned to the USTA within 35 days following the procedure.*

Name of stallion to be used: \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of donor mare: \_\_\_\_\_ Registration No. \_\_\_\_\_

## PART TWO

### Owner information (required):

Printed Name: \_\_\_\_\_ USTA Member No: \_\_\_\_\_

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

### Reproductive Specialist information (required):

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

## PAYMENT INFORMATION (Application fee for Embryo Transfer is \$25, non-refundable)

Please do not send cash. **For U.S.:** Pay by check, money order or credit card in U.S. funds only. **Outside U.S.:** Payment is by credit card *only*.

Payment Method:  Check  Money order  Visa/MasterCard Name as appears on card: \_\_\_\_\_

Complete only if paying by credit card: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 CVV Code 

--

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

