



Certificate of Embryo Transfer

PART ONE

Name of stallion: _____ Registration No. _____

Name of donor mare: _____ Registration No. _____

Name of recipient mare: _____ Registration No. _____
(if applicable)

PART TWO

Date of Transfer: _____

Result of transfer, check one of the following:

- Recipient mare in foal
- Recipient mare subsequently deemed not in foal
- Subsequent flush attempt will be made
(a new certificate must be submitted within 35 days of the subsequent transfer)

Embryo Transfer was not performed because:

- Donor mare carrying own foal
- Donor mare absorbed
- Other _____

PART THREE

Reproductive Specialist information (required):

Printed Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Owner information (required):

Printed Name: _____ USTA Member No: _____

THIS CERTIFICATE MUST BE SUBMITTED WITHIN 35 DAYS OF THE EMBRYO TRANSFER.



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