

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: U	STA Member No:
Signature:	Date:
Reproductive Specialist information (required):	
Printed Name:	
Address:	
City, State, Zip:	
Email:	Phone:
PAYMENT INFORMATION (Application fee for Emb	rvo Transfer is \$25, non-refundable)
ease 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.	
ayment Method: Check Money order Visa/MasterCard Name as appears on card:	
omplete only if paying by credit card: CVV Code	



Expiration date: ____/___

Signature: