



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)

Date of transfer: _____

Check here if recipient mare was subsequently deemed not in foal, and Check here if a 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 TWO

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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