



APPLICATION FOR REGISTRATION OF FOAL CONCEIVED BY EMBRYO TRANSFER

I hereby submit the following animal for registry. (Please use ink)

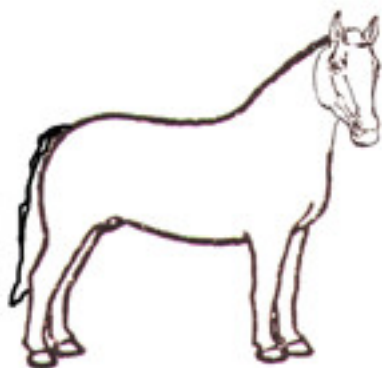
_____ (Name) _____ (Sex) _____ (Date Foaled)

Circle the selections that apply:

Skin color: Pink Dark Coat color: Light Cream Medium Cream Dark Cream Other _____

Eye color: Amber Hazel Dark Mane & Tail color: White Light

Breeder: _____ Address: _____



Face Markings: _____

Leg Markings: _____

Indicate white markings on the horse to be registered, but be sure to give a written description in the space provided.

I. Owner of the female from which eggs are being gathered will fill in the following and present this application with the Certificate of Registration on the female for comparison by the attending Veterinarian.

_____	Sire	_____
_____	Reg. No.	Color
Dam	_____	Dam
_____	Reg. No.	Color
_____	Sire	_____
_____	Reg. No.	Color
Dam	_____	Dam
_____	Reg. No.	Color

I hereby certify the above information is identical to the information found on the Certificate of Registration which I have today examined and that the markings of the animal from which I gathered eggs corresponds with the information on Certificate of Registration No. _____

Registered Name _____

Owned by _____
(Name and address of owner of female from which eggs were gathered)

_____ (Date) _____ (Signature, Name and Address of Veterinarian gathering eggs) _____ (License #)

II. Owner of the stallion from which semen is collected to fertilize the eggs gathered from the female listed on the reverse side will fill in the following and present the Application with the Certificate of Registration on the Sire for comparison by the attending veterinarian.

		Sire
	Sire	Reg. No. Color
Sire	Reg. No. Color	Dam
Reg. No. Color	Dam	Reg. No. Color
	Dam	Sire
	Reg. No. Color	Reg. No. Color
	Reg. No. Color	Dam
		Reg. No. Color

I certify that the above information is identical to the information found on the Certificate of Registration which I have today examined and that the markings of the animal from which I collected semen correspond with the information on Certificate of Registration No. _____

Registered Name _____

Owned by _____
 (Name and address of Stallion owner from which semen was collected)

 (Date) (Signature, name and address of veterinarian collecting the semen) (License #)

III. I certify that the before recorded gathered eggs were by me fertilized with the before recorded collected semen and that the embryos were by me transferred into a _____ female owned by:

 (Name and address)

 (Date) (Signature, name and address of veterinarian performing embryo transfer) (License #)

IV. I hereby certify the above information is correct to the best of my knowledge and belief.

Dated in the City of _____ State of _____ This _____ day of _____ 20____

 (Signature of owner of animal for which registration is requested)

 (Name and address of owner of animal for which registration is requested)