THE STANDARDBRED & TROTTING HORSE ASSOCIATION OF GB & IRELAND (STAGBI)

Notification of EMBRYO TRANSFER

EMBRYO TRANSFER FORM 2

Please complete a form for each Embryo Transfer performed.
NB ONLY the registration of ONE FOAL per YEAR is permitted.
The use or transfer of FROZEN EMBRYOS is NOT PERMITTED.

NAME of REGISTERED DONOR MARE

REGISTRATION / UELN NUMBER of DONOR MARE

MICROCHIP NUMBER of DONOR MARE

NAME of STALLION

DATE of MATING

By NATURAL COVER / CHILLED SEMEN / FROZEN SEMEN

NAME of OWNER (DONOR MARE)

First Name

Surname

ADDRESS

Post Code

Tel No

E mail

Signature of Owner _____ Date _____

STAGBI takes care to ensure that the processing of information, including sharing personal data, is consistent with the principles of the relevant legislation including the Data Protection Act.

Notification of Embryo Transfer Fee £50 (per EMBRYO)

STAGBI, Room2, Creuddyn, Pontfaen Rd, Lampeter, SA48 7BN
Tel No 01570 429361 / 07581 438805 email info@standardbred.org

THE STANDARDBRED & TROTTING HORSE ASSOCIATION OF GB & IRELAND (STAGBI)

Notification of EMBRYO TRANSFER

PLEASE COMPLETE A SEPARATE FORM for EACH EMBRYO TRANSFER PERFORMED

EMBRYO TRANSFER NUMBER

	of	

Eg 01 of 01 (first and only embryo transfer performed) or 02 of 04 (second embryo transfer of 4 performed) etc

NAME of REGISTERED DONOR MARE

NAME of STALLION

NAME of RECIPIENT MARE

REGISTRATION / UELN NUMBER of RECIPIENT MARE

MICROCHIP NUMBER of RECIPIENT MARE

DATE of EMBRYO TRANSFER

DATE Scanned in Foal (Scan 1)

DATE Scanned in Foal (Scan 2)

SIGNED: …… (Veterinary Surgeon)

PRINT NAME:……

DATE: …….. **VETERINARY STAMP (Mandatory)**