



**Embryo Transfer (ET) Record-Mare Identification Certificate**

**Veterinary Surgeon or Accredited AI Technician:** Please complete this form at the time of each embryo transfer. (You should use a new form for each recipient mare)

**Mare Owner:** 1) When the mare has been positively pregnancy tested please forward this ET form to the Stallion Owner to allow completion of the Service Certificate (**please retain a copy of ET form for foal registration**).

2) When the foal is born, please: **a)** contact the AWHHA Registrar for DNA requirements; **b)** forward ET copy to the AWHHA Registrar with the service certificate (pink slip), registration application and registration fee.

**1<sup>st</sup> TRANSFER:** I hereby certify that on        /        /  
I have obtained ovum from the mare known as \_\_\_\_\_,  
owned by \_\_\_\_\_ and described overleaf (Diagram 1),  
fertilised by the stallion \_\_\_\_\_ on\*        /        / .  
I certify that I have transferred this ovum to the mare known as \_\_\_\_\_ .  
Owned by \_\_\_\_\_ and also described overleaf (Diagram 2).

Date(s) and time(s) of embryo transfer:	Name and address of Veterinary Surgeon:
_____	_____
Signature: _____	_____
_____	_____

**2<sup>nd</sup> TRANSFER:** I hereby certify that on        /        /  
I have obtained ovum from the mare known as \_\_\_\_\_,  
owned by \_\_\_\_\_ and described overleaf (Diagram 1),  
fertilised by the stallion \_\_\_\_\_ on\*        /        / .  
I certify that I have transferred this ovum to the mare known as \_\_\_\_\_ .  
Owned by \_\_\_\_\_ and also described overleaf (Diagram 2).

Date(s) and time(s) of embryo transfer:	Name and address of Veterinary Surgeon:
_____	_____
Signature: _____	_____
_____	_____

**3<sup>rd</sup> TRANSFER:** I hereby certify that on        /        /  
I have obtained ovum from the mare known as \_\_\_\_\_,  
owned by \_\_\_\_\_ and described overleaf (Diagram 1),  
fertilised by the stallion \_\_\_\_\_ on\*        /        / .  
I certify that I have transferred this ovum to the mare known as \_\_\_\_\_ .  
Owned by \_\_\_\_\_ and also described overleaf (Diagram 2).

Date(s) and time(s) of embryo transfer:	Name and address of Veterinary Surgeon:
_____	_____
Signature: _____	_____
_____	_____

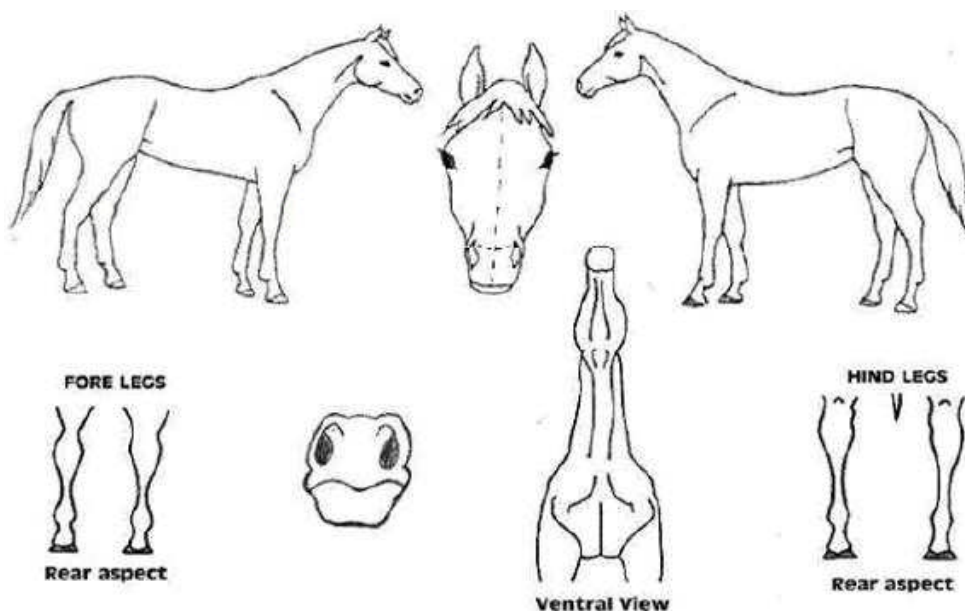
\* Date of last service.



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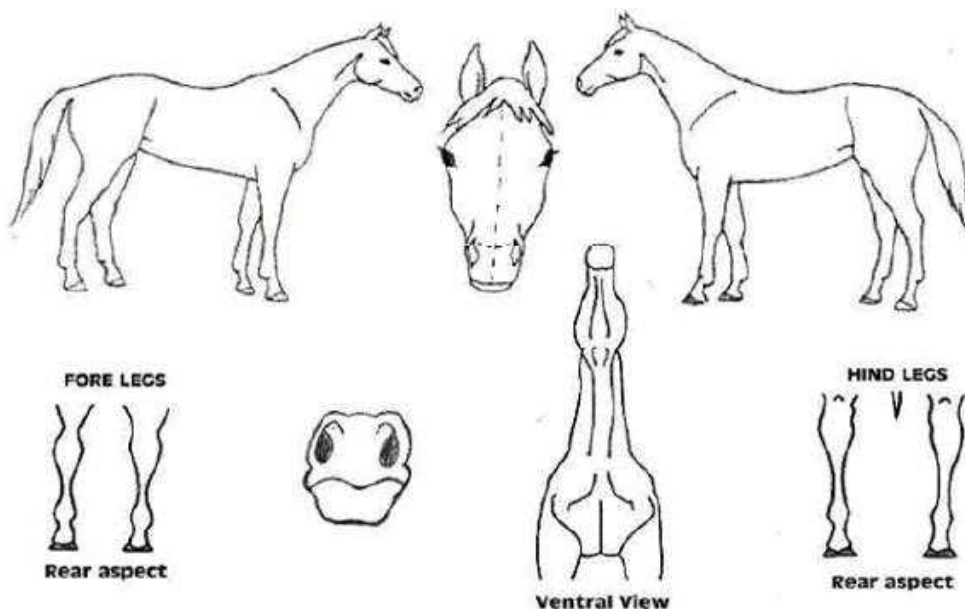
Description of Mare (DIAGRAM 1)

Name: \_\_\_\_\_



Description of Mare (DIAGRAM 2)

Name: \_\_\_\_\_



The diagrams must be sufficiently detailed to ensure the positive identification of the animal in the future. White markings must be shown in red. If there are no markings, this fact must be stated. All head and neck whorls should be marked (X). Other whorls should be similarly recorded in grey and in animals lacking sufficient other distinguishing marks. Acquired marks and other distinguishing marks e.g. prophet's thumb mark, walleye etc should always be noted. Brands. If microchip implanted please mark location with an arrow.