APPLICATION FOR REGISTRATION
OF FOAL CONCEIVED BY EMBRYO TRANSFER
Return to: acdhasecretary@gmail.com

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

Sec. I   Foal Information

_____   _____   _____
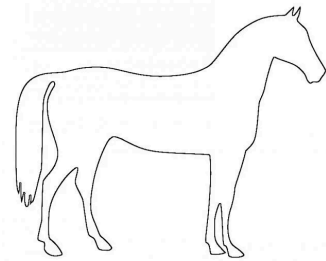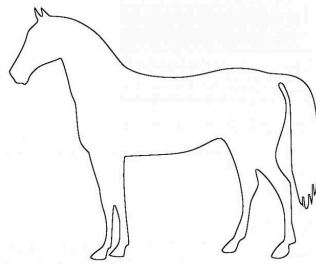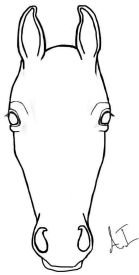(Requested Registered Foal Name)   (Sex) S/M/G   (Date Foaled)

Circle the section that apply:

Skin Color: Pink   Dark   Coat Color: Light Cream   Medium Cream   Dark Cream   Other

Eye Color: Amber   Hazel   Dark   Main & Tail Color: White   Light

Face Markings: _____   Leg Markings: _____

_____   _____
(Breeder Name)   (Address)

_____   _____
(Phone #)   (Email Address)

Section II   Stallion Information

Owner of the stallion from which live cover or which the semen is collected to fertilize the female listed in Section III will fill in the following and present the Application with the Certificate of Registration on the Sire for comparison by the attending veterinarian or Reproduction Specialist. This form will accompany semen shipped.

◯ Check if by Live Cover   ◯ Check if Collected

_____
Sire

_____
Reg #   Color

_____
Sire

_____
Reg #   Color

ACDHA File _____ Unknown _____ Attached _____   Dam
DNA (Circle one)

_____
Reg #   Color

I hereby certify the above information is true and correct 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 corresponds with the information on Certificate of Registration No. _____.

Registered Name: _____   Owned By: _____
                                              (Name of owner of stallion from which semen was collected)

(Date)   (Signature, Name & Address of Veterinarian or Reproduction Specialist collecting semen)   (License #)

III.   Donor Mare Information

Owner of the mare from which the embryo is to be collected will fill in the following and present the Application with the Certificate of Registration on the female for comparison by the attending Veterinarian or Reproduction Specialist.

Sire _____

Reg # _____   Color _____

Dam _____

Reg # _____   Color _____

ACDHA File _____ Unknown _____ Attached _____
DNA (Circle one)

Dam _____

Reg # _____   Color _____

I hereby certify the above information is true and correct 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 the embryo corresponds with the information on Certificate of Registration No. _____.

Registered Name: _____   Owned By: _____
                                                                                (Name of owner of female from which oocytes were gathered)

(Date)   (Signature, Name & Address of Veterinarian or Reproduction Specialist collecting embryo)   (License #)

IV.   Recipient Mare Information

I certify that the before recorded gathered embryo was by me transferred into recipient female identified as:

_____
(Name and any specific identifying numbers/markings/brands/tattoos)
_____

_____
(Owner Name and Address)

_____
(Date)   (Signature, Name & Address of Veterinarian or Reproduction Specialist implanting embryo(s))   (License #)

V.   Owner Information

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)   (Printed name)

        _____
        (Address)

        _____
        (Phone #)

        _____
        (Email Address)

ACDHA - Application for for ET: Rev 090124   2
Fees submitted with Application for Registration which do not result in the Certificate of Registration remain the property of the Association and will not be returned.

American Cream Draft Horse Association
Application for Registration of Foal Conceived by Embryo Transfer
<u>Form Completion Instructions</u>
Please complete all forms in ink or digitally for submission.

The Application for Registration of Foal Conceived by Artificial Insemination form is required when the foal is conceived by Artificial Insemination and will accompany the Application for Full Registration. The form is to be completed and submitted by the owner of the horse registration is requested as well as the stallion owner from which the semen was collected. It will also be signed by the veterinarian or reproduction specialist collecting the stallion and the veterinarian or reproduction specialist inseminating the mare. This form should be returned to the American Cream Draft Horse Association Secretary by email to: acdhasecretary@gmail.com

Section I   **Foal Information**

Horse Name   -   The **requested** registered name for the horse. Should the requested name not be available or deemed to be inappropriate by Association standards, the applicant will be requested to submit an alternative name for registration.

Sex   -   Indicate Mare / Gelding / Stallion
Foaling Date   -   Indicate the Date of birth of the requested horse to be registered
Skin Color   -   Indicate by circling the skin color of the horse to be registered
Coat Color   -   Indicate by circling the coat color of the horse to be registered
Eye Color   -   Indicate by circling the eye color of the horse to be registered
Mane & Tail   -   Indicate by circling the Mane & Tale color of the horse to be registered
Image   -   Indicate by drawing on the image any white markings on the horse to be registered. Written description should be included in the Facial Markings and Leg Markings spaces.
Breeder Information   -   Name, Address, Phone Number and Email address of the breeder.

Section II   -   **Stallion Information** (To be completed by the stallion owner and collecting veterinarian or Reproduction specialist.)

Live Cover or
Collection   -   Indicate if the resulting embryo was produced by the stallion's live cover or if the embryo was produced by collection and Artificial Insemination. If the embryo was produced by live cover no veterinarian or reproduction specialist certification and signature is required. Stallion Owner information and signature IS required.
Linage   -   Indicate in the spaces provided Sire information back 2 generations.
Parentage DNA   -   Indicate if the Sire DNA is on file with the ACDHA or maintained by the stallion owner. If maintained by the stallion owner and NOT on file with the ACDHA parentage results must be attached.
Certification   -   The Stallion section of the Application for Registration of Foal Conceived by Artificial Insemination must include the ACDHA Registration number, Registration Name and Owner Name. It also must be certified and signed by the stallion owner as well as the collecting Veterinarian or Reproduction Specialist.

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Section III **Donor Mare Information** (To be completed by the mare owner, Inseminating Veterinarian/Reproduction Specialist and Embryo Collection and Transfer Veterinarian/Reproduction Specialist.)

Linage - Indicate in the spaces provided Dam information back 2 generations.

Parentage DNA - Indicate if the Mare DNA is on file with the ACDHA or maintained by the mare owner. If maintained by the mare owner and NOT on file with the ACDHA parentage results must be attached.

Insemination
Certification - The Donor Mare section of the Application for Registration of Foal Conceived by Embryo Transfer must include the ACDHA Registration number, Registration Name and Owner Name of the Donor Mare. It also must be certified and signed by the mare owner as well as the inseminating Veterinarian or Reproduction Specialist.

Embryo Collection
Certification - The Donor Mare section of the Application for Registration of Foal Conceived by Embryo Transfer must include the ACDHA Registration number, Registration Name and Owner Name of the Donor Mare. It also must be certified and signed by the mare owner as well as the Embryo Collecting Veterinarian or Reproduction Specialist.

Section IV **Recipient Mare Information** (To be completed by the Recipient Mare owner or leasee and the Embryo Transferring Veterinarian/Reproduction Specialist)

Recipient Mare
Identification - Indicate the Name(registered if applicable), Breed and all markings/brands/tattoos describing the recipient mare.

Embryo Transfer
Certification - The Recipient Mare section of the Application for Registration of Foal Conceived by Embryo Transfer is to be completed by the owner or leasee or the Recipient Mare and the Embryo Transferring Veterinarian/Reproduction Specialist.

Section V **Owner Information** (To be completed by the owner requesting registration)

Owner Certification - Indicate the Owner name of the horse registration is requested as well as all information and signature.

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Application Packet Checklist

☐   Completed Application for Registration of Foal Conceived by Embryo Transfer.

☐   Markings drawn on figure

☐   DNA Report(s):
           ☐ Parentage Stallion _____
           ☐ Parentage Mare _____

☐   All required signatures
           ☐ Stallion Owner
           ☐ Semen Collecting Veterinarian or Reproduction Specialist (If by AI)
           ☐ Donor Mare Owner
           ☐ Inseminating Veterinarian or Reproduction Specialist (If by AI)
           ☐ Embryo Collecting Veterinarian or Reproduction Specialist
           ☐ Recipient Mare Owner/Leasee
           ☐ Embryo Implanting Veterinarian or Reproduction Specialist
           ☐ Owner of foal for which registration is requested