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
__________________________  ____________________________
Sire
Reg. No.    Color
__________________________  ____________________________
Sire
Reg. No.    Color
__________________________  ____________________________
Dam
Reg. No.    Color
__________________________  ____________________________
Dam
Reg. No.    Color
__________________________  ____________________________
Reg. No.    Color
__________________________  ____________________________
Reg. No.    Color
__________________________  ____________________________
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 #)

Fees submitted with Application for Registrations which do not result in Certificates of Registrations remain the property of the Association and will not be returned.
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

_______________________
Reg. No.    Color

_______________________
Reg. No.    Color

_______________________
Sire

_______________________
Reg. No.    Color

_______________________
Reg. No.    Color

_______________________
Sire

_______________________
Reg. No.    Color

_______________________
Reg. No.    Color

_______________________
Dam

_______________________
Reg. No.    Color

_______________________
Reg. No.    Color

_______________________
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)