APPLICATION TO UNDERTAKE EMBRYO TRANSFER PROCEDURE

In accordance with Australian Haness Racing Rule 285A(10) this application must be submitted and approved by your State Controlling Body **prior** to any Embryo Transfer Procedure being undertaken.

Breeding Season:		
Artificial breeding station: (where transfer to be performed)		
Registered Veterinarian: (who will perform transfer)		
	(name)	(registration number)
Donor Mare:	(name)	(freezebrand / identification)
	(registered owner / lessee)	(age of mare)
Donor Mare Served by:		
	(stallion name)	
Proposed Month for procedure:	(month / year)	
Reason for Embryo Transfer:		
I am authorised to apply for this ma	are to be a DONOR MARE in an embryo transfer proced	ure:
Name (please print:)	(print name)	(date)
	(p	(3333)
Signed:	(studmaster / owner / lessee - donor mare) (please circle)	
Office Use Only:		
ET Procedure Approved by:	(Registrar - State Controlling Body)	date
Advice of Approval sent to:		
Advice of Approval Selft to.	(studmaster / owner / lessee - donor mare) (please circle)	(phone / fax/ email / text) (please circle)













