

## NOTIFICATION OF APPROVED EMBRYO TRANSFER PROCEDURE

Form R285B-2

To be completed and lodged with the State Controlling Body after approval has been previously given on Form R285B-1 and within 7 days of each Embryo Transfer Procedure being performed.

Donor Mare:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(freezebrand / identification)

\_\_\_\_\_  
(registered owner / lessee)

\_\_\_\_\_  
(age of mare)

Donor Mare Served by:

\_\_\_\_\_  
(stallion name)

Number of Embryos flushed:

\_\_\_\_\_  
(number)

Recipient mare:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(freezebrand / identification)

\_\_\_\_\_  
(breed of recipient mare)

\_\_\_\_\_  
(age of mare)

\_\_\_\_\_  
(registered owner / lessee)

Date Transfer performed:

\_\_\_\_\_  
(day / month / year)

Artificial breeding station:

(where transfer was performed)

Procedure & Likely Birth Date:

\_\_\_\_\_  
1st attempt / 2nd attempt / 3rd attempt

(please circle)

\_\_\_\_\_  
(likely birth date)

Remarks:

Signed:

\_\_\_\_\_  
(Registered Veterinarian)

\_\_\_\_\_  
(registration number)

Name (please print:)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

Contact Details:

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(mobile)

Office Use Only:

Application Form

previously approved:

\_\_\_\_\_  
(Registrar - State Controlling Body)

\_\_\_\_\_  
date

ET details loaded to Harvey:

\_\_\_\_\_  
(Registrar - State Controlling Body)

\_\_\_\_\_  
date

