

Request for Embryo Transfer Certificate

I hereby acknowledge that I have read and agree to be bound by and follow the Arabian Horse Association's Rules and Regulations pertaining to Embryo/Oocyte Transfer. I also understand that AHA will investigate non-compliance with these Rules and Regulations and, in the event of such non-compliance, any resultant foals may be ineligible for registration and penalties provided under Article 1037 of AHA's Rules and Regulations may be imposed.



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Specifically, I acknowledge that I understand the following with respect to this Request for an Embryo Transfer Certificate and to the registration of foals resulting from the use of Embryo Transfer from this mare:

1. The mare must have a valid Embryo/Oocyte Transfer Permit or the Embryo Transfer Certificate will not be issued; and
2. One (1) Embryo Transfer Certificate is required to register a foal conceived using Embryo Transfer; and
3. The Embryo/Oocyte Permit will expire upon the sale or exportation of the mare.

Embryo Transfer Certificates are \$35.00 (member rate) each.

NOTE: Mare owners must ensure that they have purchased a sufficient number of Embryo/Oocyte Transfer Certificates prior to the transfer or exportation of a mare. When the recorded ownership of a mare changes, the mare's Embryo/Oocyte Transfer Permit will expire and the former recorded owner may no longer purchase Embryo/Oocyte Transfer Certificates.

Name of Mare

Registration Number

Bred to Stallion Name

Registration Number

Breeding Dates

Breeding type (Natural, Pasture, Artificial Insemination or Transported Semen*)

Signature of recorded owner of dam at time of BREEDING

Date

Signature of recorded owner of the sire at time of BREEDING

Date

*If Transported/Stored Semen was used, a Transported/Stored Semen Service Certificate from the sire owner will be required for registration of the foal and the sire owner's signature is not required above.

Method Of Payment (US Funds Only) A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH. <input type="checkbox"/> Check (Payable to AHA) Check # <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card Total Amount Due \$			
ACH Information: Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Bank Routing #:			Bank Acct #:
Credit Card#			\$
Print Name as it appears on CC	Name:		
Exp Date	CVV	Signature	
Credit Card Billing Address (include zip)			