

Request for Embryo/Oocyte Transfer Permit



ARABIAN HORSE ASSOCIATION

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ArabianHorses.org

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 1035 of AHA's Rules and Regulations may be imposed.

I understand that the DNA type of the donor mare must be on permanent record with AHA before the permit will be issued. **I am aware that collection and implantation of an embryo/oocyte prior to the issuance of a permit will result in an assessment of the Late Permit Fee of \$250.** I may also be charged for any additional costs that are incurred by AHA investigating the accuracy of the embryo/oocyte transfer.

I have enclosed the \$100.00 Permit Fee and hereby request an Embryo/Oocyte Transfer permit for the mare listed below:

Donor Mare

Registration Number

Email

Owner's Number

Signature of Recorded Owner (or authorized agent)

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Embryo/Oocyte Transfer Permit Fee

\$100

Late Fee (if applicable)

*Only if collection took place prior to issuance of permit

*\$250

TOTAL AMOUNT ENCLOSED

Please mail permit to address below:

Name		
Address		
City	State	Zip

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.

☐ Check (Payable to AHA) Check # ACH ☐ Credit Card Total Amount Due \$

ACH Information: Account Type: ☐ Savings ☐ 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)