

OWNER/LESSEE

MARE

# American Morgan Horse Association, Inc. 4037 Iron Works Parkway, Suite 130, Lexington, KY 40511-8508 (802) 985-4944 • Fax: (859) 287-3555 Registry@morganhorse.com

## APPLICATION FOR FROZEN EMBRYO/OOCYTE TRANSFER

PLEASE CHECK ONE: ☐ Frozen Embryo ☐ Frozen Oocyte

SECTION 1				
PARENTAGE INFORMATION				
Donor Mare's Name:	Registration Number:			
Stallion's Name:	Registration Number:			
I (we) make application for frozen embryo/oocyte transfer based on the information provided above.				
Applicant's Signature:	Date:			
Applicant's Signature:	Date:			
Address:				
6:1   6:1   17:				
City/State/Zip:	Telephone:			
AMHA Number:  BREEDER DESIGNATION	•			
AMHA Number:  BREEDER DESIGNATION  The following person(s) should appear on the registration certificate  Breeder's Name:	te as the breeder of the foal resulting from this frozen embryo/oocyte transferAMHA Number:			
AMHA Number:  BREEDER DESIGNATION  The following person(s) should appear on the registration certificat Breeder's Name:  Address:	te as the breeder of the foal resulting from this frozen embryo/oocyte transfer. AMHA Number:			
AMHA Number:  BREEDER DESIGNATION  The following person(s) should appear on the registration certificat Breeder's Name:  Address:	te as the breeder of the foal resulting from this frozen embryo/oocyte transferAMHA Number:			
AMHA Number:  BREEDER DESIGNATION  The following person(s) should appear on the registration certificate Breeder's Name:  Address:  City/State/Zip:  FOAL OWNER DESIGNATION	te as the breeder of the foal resulting from this frozen embryo/oocyte transferAMHA Number:			
BREEDER DESIGNATION  The following person(s) should appear on the registration certificate Breeder's Name:  Address:  City/State/Zip:  FOAL OWNER DESIGNATION  The following person(s) should appear on the registration certificate	te as the breeder of the foal resulting from this frozen embryo/oocyte transfer. AMHA Number:Telephone:			
BREEDER DESIGNATION  The following person(s) should appear on the registration certificate Breeder's Name:  Address:  City/State/Zip:  FOAL OWNER DESIGNATION  The following person(s) should appear on the registration certificate	te as the breeder of the foal resulting from this frozen embryo/oocyte transfer. AMHA Number:  Telephone:  te as the original owner of the foal resulting from this frozen embryo/oocyte transfer. AMHA Number:			

# AUTHORIZATION TO REGISTER FOAL RESULTING FROM FROZEN EMBRYO/OOCYTE TRANSFER I (we) authorize the AMHA to issue a registration certificate based on the information provided herein and in accordance with the rules of the AMHA Register. Signature of Mare Owner/Lessee at the time the embryo was harvested Date Address: City/State/Zip: AMHA Number: AMHA Number:

Donor Mare's Name:		
Stallion's Name:		

**SECTION 3** 

## APPLICATION FOR FROZEN EMBRYO/OOCYTE TRANSFER

### TRANSFERRED OWNERSHIP \_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to: City/State/Zip: \_\_\_\_ OOCYT Printed Name of Transferor Transferor's Signature EMBRYO/FROZEN \_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to: FROZEN City/State/Zip: \_\_\_ Printed Name of Transferor Transferor's Signature OF TRANSFEROR On this date \_\_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to: City/State/Zip: \_\_\_ Printed Name of Transferor Transferor's Signature