



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
 www.morganhorse.com

APPLICATION FOR FROZEN EMBRYO/OOCYTE TRANSFER

PLEASE CHECK ONE: Frozen Embryo Frozen Oocyte

APPLICANT

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: _____

City/State/Zip: _____ Telephone: _____

AMHA Number: _____

BREEDER DESIGNATION

The following person(s) should appear on the registration certificate as the breeder of the foal resulting from this frozen embryo/oocyte transfer.

Breeder's Name: _____ AMHA Number: _____

Address: _____

City/State/Zip: _____ Telephone: _____

FOAL OWNER DESIGNATION

The following person(s) should appear on the registration certificate as the original owner of the foal resulting from this frozen embryo/oocyte transfer.

Owner's Name: _____ AMHA Number: _____

Address: _____

City/State/Zip: _____ Telephone: _____

MARE OWNER/LESSEE

SECTION 2

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 _____

 Signature of Mare Owner/Lessee at the time the embryo was harvested Date _____

Address: _____

City/State/Zip: _____ Telephone: _____

AMHA Number: _____

Donor Mare's Name: _____

Stallion's Name: _____

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SECTION 3

TRANSFERRED OWNERSHIP

On this date _____, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Transferor

Transferor's Signature

On this date _____, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Transferor

Transferor's Signature

On this date _____, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Transferor

Transferor's Signature

TRANSFEROR OF FROZEN EMBRYO/FROZEN OOCYTE