



American Morgan Horse Association, Inc.
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APPLICATION FOR NON-FROZEN EMBRYO/OOCYTE TRANSFER

EXPECTED FOALING YEAR: 20 _____

PLEASE CHECK ONE: Embryo Oocyte

1. Print in ink or type only.
2. The form is required before any transfer of an embryo from a donor dam and MUST be on file before the completion of the resulting foal registration.
3. Blood and/or DNA type of the donor mare and stallion must be on record with the Registry.
4. Section #1 is to be completed by the owner of the embryo. Section #2 is to be completed by the owner or lessee of the donor dam at the time the embryo is transferred.
5. No fee is required.

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: _____

Telephone: _____ AMHA Number: _____

BREEDER DESIGNATION

The following person(s) should appear on the registration certificate as the breeder of the foal resulting from this 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: _____

APPLICANT

SECTION 2

AUTHORIZATION TO REGISTER FOAL RESULTING FROM 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 is transferred Date

 Signature of Mare Owner/Lessee at the time the embryo is transferred Date

Address: _____

Telephone: _____ AMHA Number: _____

MARE OWNER/LESSEE