

EMBRYO REPORT

FOR EMBRYO TRANSFER, SALE OF EMBRYO and APPLICATION FOR REGISTRATION OF RESULTANT CALF

DATE RECEIVED _____
VOUCHER NUMBER _____
OFFICE USE ONLY

Name of Donor Dam _____ Reg. # _____
Owner(s) of Donor Dam _____

1 CERTIFICATION OF BREEDING (to be completed by owner(s) of dam):

I/WE DECLARE the above donor dam was bred to:

Name of Sire _____ Reg. # _____

On _____ Day _____ Month _____ Year Type of Service (check one): A.I. Natural for purpose of Embryo Transfer

In the country of: CANADA OTHER

Signature: _____
(Owner(s) of Donor Dam)

2 EMBRYO TRANSFER STATEMENT (to be completed by person(s) performing Embryo Transfer):

I/WE _____ Address _____
(Name of Person(s) Performing Embryo Transfer)

certify that an Embryo produced by the above mating was implanted in recipient dam identified by:

Breed of Recipient _____ Tattoo _____ and / or Eartag _____

On _____ Day _____ Month _____ Year With: Fresh or Frozen Embryo. If frozen: _____ Day _____ Month _____ Year

In the country of: CANADA OTHER

Signature: _____
(Person(s) performing Embryo Transfer)

3 SALE OF EMBRYO (to be completed when Embryos are sold by Owner of Donor Dam):

A. I/WE THE OWNER(S) of the above stated donor dam at time of conception, sell this Embryo to:

(Name of Purchaser of Embryo) **SAMPLE**

Town _____ Prov. _____ Postal Code _____

Date Sold _____ Day _____ Month _____ Year Signature: _____
(Owner(s) of Donor Dam)

B. I/WE THE PURCHASER(S) of the Embryo, hereby sell this Embryo to:

(Name of Purchaser) Address _____

Town _____ Prov. _____ Postal Code _____

Date Sold _____ Day _____ Month _____ Year Signature: _____
(Owner(s) of Embryo from 1st Transfer)

4 APPLICATION FOR REGISTRATION OF RESULTANT CALF (conceived of Embryo Transfer by above stated mating):

(R.W.F. Application for Registration may be attached instead).

Name of Calf _____ Tattoo _____ Left ear
or Right ear

(Not more than 30 letters and numbers or spaces including "ET", serial number and year letter)

Birth Date _____ Day _____ Month _____ Year Sex: Male Female Horned Polled Blood Type # _____

Name of Breeder (owner(s) of donor dam at time of conception) _____

I HEREBY DECLARE THAT, to the best of my knowledge and belief, the foregoing information is correct and that a Canadian Parentage Test has been completed verifying above-named calf qualifies as an offspring of the above-stated Donor Dam and Service Sire.

(Name of Owner (owner(s) of resultant calf at time of birth) CHA # _____

Address _____ Town _____ Prov. _____ Postal Code _____

Note: If owner of Donor Dam is not an owner of Service Sire at time of conception, then:

A. A Semen Certificate is required for an A.I. service (unless sire is permitted under the Non-Semen Certificate Program).

B. The sire owner's signature is required for natural service.

Signature: _____ Signature: _____
(Owner of Natural Service Sire) (Owner(s) of Calf at Time of Birth)