CANADIAN HEREFORD ASSOCIATION
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Toll Free: 1-888-836-7242
herefords@hereford.ca www.hereford.ca

Date Received: _____
Voucher Number: _____
C.H.A. Number: _____
For Office Use Only

SALE OF EMBRYO

To be used to register calves resulting from purchased embryos– no lease required
and/or
To be used for co owned donor dams– no lease required

DONOR DAM _____ **REG#** _____

SERVICE SIRE _____ **REG#** _____

Date of Service _____ _____ _____
Day Month Year

Type of Service _____ _____ If Natural Service _____
A I Natural Signature of Owner of Natural Service Sire

Date of Embryo Recovery _____ _____ _____
Day Month Year

Collected in: _____Canada _____Other Country

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

NAME _____ **DATE** _____ _____ _____
Day Month Year

ADDRESS _____ **PHONE#** _____
(Give complete address of buyer)

_____ **EMAIL** _____
(Town/City) (Prov) (Postal Code)

SIGNATURE(S) _____ _____
(ALL Owner(s) of Donor Dam-at time of breeding-must sign) (ALL Owner(s) of Donor Dam-at time of breeding-must sign)

EMBRYO REPORT(S) COMPLETED BY THE TECHNICIAN PERFORMING THE EMBRYO RECOVERY/TRANSFER MUST BE RETAINED FOR YOUR RECORDS AND MAYBE REQUESTED AT ANYTIME