



## Embryo Transfer Notification Form

**Step #1: Identify the donor mare, stallion and describe the recipient mare you are reporting:**\_\_\_\_\_  
Donor Mare's Name\_\_\_\_\_  
Registration Number\_\_\_\_\_  
Breeding Year\_\_\_\_\_  
Donor Mare Owner (Please Print)\_\_\_\_\_  
Phone Number of Owner\_\_\_\_\_  
Stallion's Name**Step #2: Read each declaration below and check the box to indicate the statement is true.**☐ The below indicated licensed Kentucky veterinarian performed the embryo transfer (ET) procedure.

Print Veterinarian's Name: \_\_\_\_\_ Kentucky License #: \_\_\_\_\_

Veterinary Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

☐ All ETs were performed within the borders of the Commonwealth of Kentucky☐ After appropriate veterinary/client consultation, the above indicated recipient mare is being declared as PREGNANT during this 42-60 day pregnancy test as required by the KMHB IF as carrying the pregnancy of the donor mare and the KMHB IF eligible offspring.☐ The veterinary practice conducting the embryo transfer confirms this recipient mare is implanted with an ISO/ANSI compatible RFID electronic identification microchip.

Declare microchip #: \_\_\_\_\_

☐ A Federal EIA Test was conducted at the time of the 42-60 day pregnancy test. Included on the EIA Test is the Electronic I.D. No. of the recipient mare. I am aware this EIA Test is required regardless of the date of any earlier EIA test. Lab Accession #: \_\_\_\_\_**Step #3:** \_\_\_\_\_  
Signature of Veterinarian Date

Please note: Incomplete form will not be processed.

**Please mail completed forms and payment to:**  
**Kentucky Miniature Horse Breeders**  
**PO Box 235**  
**Simpsonville, KY 40067**

OFFICE USE ONLY

DATE PROCESSED \_\_\_\_\_

PROCESSED BY \_\_\_\_\_