



Embryo Transfer Notification Form

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	
Description of Recipient Mare	Registration Number (if applicable)	
Stallion's Name	Registration Number	

The licensed Kentucky veterinarian indicated below performed the embryo transfer (ET) procedure.

Print Veterinarian's Name: _____ Kentucky License #: _____

Veterinary Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): Hm: _____ Cell: _____ Fax: _____

Email: _____

1. All ETs were performed within the borders of the Commonwealth of Kentucky.
2. 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.
3. The veterinary practice conducting the embryo transfer confirms this recipient mare is implanted with an ISO/ANSI compatible RFID electronic identification microchip.

Declare microchip #: _____
4. 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 #: _____

By signing below, I acknowledge that I have read and agree to the statements above.

Signature of Veterinarian _____

Date _____

Please note: Incomplete form will not be processed.

Please mail completed form to:
Kentucky Miniature Horse Breeders Club
15218 Abington Ridge Place
Louisville, KY 40245

OFFICE USE ONLY

DATE PROCESSED _____
 PROCESSED BY _____