

KENTUCKY MINIATURE HORSE



BREEDERS' INCENTIVE PROGRAM

Breeders Incentive Fund

### 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 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: \_\_\_\_\_

- 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 form to:**  
**Kentucky Miniature Horse Breeders Club**  
**1219 Harry Wise Road**  
**Lawrenceburg, KY 40342**

OFFICE USE ONLY
DATE PROCESSED _____
PROCESSED BY _____