



# ROCKY MOUNTAIN HORSE® ASSOCIATION

## Request for Embryo Transfer

Name of Mare: \_\_\_\_\_ RMHA #: \_\_\_\_\_  
Stallion: \_\_\_\_\_ RMHA #: \_\_\_\_\_

I, \_\_\_\_\_, owner/manager of the mare named above, request permission to carry out embryo transfer for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Veterinarian (or Laboratory): \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTE:** Refer to Rules of Registry. Per Section 3.3, a single mare may produce only one natural birth and one embryo transfer or 2 embryo transfers—no natural birth—per year.

Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Include the following with this form:

- \_\_\_\_ Embryo Transfer Permit
- \_\_\_\_ Application for Registry, required documents & fees
- \_\_\_\_ Veterinarian Authentication of Foal Origin
- \_\_\_\_ DNA Analysis to Confirm Foal Parentage & fee

**Submit two copies of this form to:** **RMHA Headquarters**  
**4037 Ironworks Pky, Ste. 160**  
**Lexington KY 40511-8508**

VISA/MC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Signature \_\_\_\_\_

*Office Use Only:*

Received by RMHA: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Date: \_\_\_\_\_