



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 71 South Main Street Winchester, KY 40391	Office: 859-644-5244
VISA/MC: _____ Expiration Date: _____ 3 Digit Code: _____		
Signature _____		
<i>Office Use Only:</i>		
Received by RMHA: _____	Date: _____	
Executive Board Approval: _____	Date: _____	
Permit Issued: _____	Date: _____	