



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 4561 Iron Works Pike, Ste 156 Lexington, KY 40511	Office: 859-644-5244
VISA/MC: _____	Expiration Date: _____	3 Digit Code: _____
Signature _____		
Office Use Only:		
Received by RMHA: _____	Date: _____	
Executive Board _____	Date: _____	
Approval: Permit Issued: _____	Date: _____	

There will be a convenience fee for any paperwork submitted without payment
 There is a 4% fee for credit card payments