



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 3.0C, 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: _____

Submit this form to:

RMHA
4561 Iron Works Pike, Ste 156
Lexington, KY 40511

859-644-5244

Office Use Only:

Received by RMHA: _____

Date: _____

Approval: Permit# _____

Date: _____