# EMBRYO TRANSFER PERMIT

Name of Mare:_____ RMHA #:_____

Name of Stallion: _____ RMHA #: _____

Owner/Manager Name:_____

Address: _____

Permit Number: _____ Date Issued: _____

The above mare has been issued this Embryo Transfer Permit for the _____ breeding season. Please note per the Rules of the Registry, Section 3.0C, a single mare may produce only one natural birth and one embryo transfer or 2 embryo transfers and no natural birth per year/permit. **This permit must have been issued prior to flushing of any embryos**.

Please submit the following with the *Breeding Certificate and Application for Registration* form (with required photos, DNA/tail hairs, and fees) at the time of submitting the registration application for the resultant foal:

__ Embryo Transfer Permit

__ Veterinarian Authentication of Foal Origin (stating date of embryo transfer, the horse of origin, the recipient hors and identification of sire)

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RMHA Registrar