



# 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 two copies of this form to:**

<b>RMHA</b> 4561 Iron Works Pike, Ste 156 Lexington, KY 40511	<b>Office:</b> 859-644-5244
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**Office Use Only:**

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

Approval: Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_