



BRITISH MORGAN HORSE SOCIETY

BMHS REGISTRAR

Monnington Court, Monnington-on-Wye
Hereford HR4 7NL
tEL 01981 500488
e-mail registry@morganhorse.org.uk

Application for non-frozen embryo/oocyte transfer

Expected foaling year 20 Please select one: Frozen Embryo Frozen Oocyte

- 1. Print in ink or type only.
- 2. The form is required before any transfer of an embryo from a donor dam and must be on file before the completion of the resulting foal registration.
- 3. Blood and/or DNA type of the donor mare and stallion must be on record with the Registry.
- 4. Section #1 is to be completed by the owner of the embryo. Section #2 is to be completed by the owner or lessee of the donor dam at the time the embryo is transferred.
- 5. No fee is required.

Section 1

Parentage Information

Donor Mare's Name: _____ Registration Number: _____

Stallion's Name: _____ Registration Number: _____

I (we) make application for frozen embryo/oocyte transfer based on the information provided above.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Address: _____

City/Postcode: _____ Telephone: _____

Breeder designation

The following person(s) should appear on the registration certificate as the breeder of the foal resulting from this embryo/oocyte transfer.

Breeder's Name: _____

Address: _____

City/Postcode: _____ Telephone: _____

Foal Owner designation

The following person(s) should appear on the registration certificate as the original owner of the foal resulting from this non-frozen embryo/oocyte transfer. Owner's Name:

Owner's Name _____

Address: _____

City/Postcode: _____ Telephone: _____

Section 2

Authorisation to register foal resulting from embryo/oocyte transfer

I (we) authorise the BMHS to issue a registration certificate based on the information provided herein and in accordance with the rules of the BMHS Register.

Signature of Mare Owner/Lessee at the time the embryo is transferred Date _____

Signature of Mare Owner/Lessee at the time the embryo is transferred Date _____

Address: _____

Telephone _____

Applicant

Mare Owner / Lessee