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TRANSFER OF EMBRYO OWNERSHIP

1. DONOR DAM

Name/Tattoo: _____

Registration Number: _____

2. SIRE

Name/Tattoo: _____

Registration Number: _____

3. Embryo Information

Date of Service (D/M/Y): _____

Type of Service (AI/Natural): _____ If Natural Service _____
Signature of Owner of Sire

Date of Embryo Recovery (D/M/Y): _____

Collect in: _____Canada _____Other country, Please Specify: _____

I hereby certify that I have transferred ownership of _____ embryo from the above donor dam and sire to:
Embryos

Name: _____ Membership #: _____

Address: _____

Date of Sale (D/M/Y): _____

Signature(s) of Donor Dam Owner(s): _____ Membership #: _____

Date: (D/M/Y): _____

We require the owner of the dam at the time of the flush to sign and date this form.

FLUSH RECORDS COMPLETED BY THE TECHNICIAN PERFORMING THE EMBRYO RECOVERY MUST BE SENT THE OFFICE PRIOR TO REGISTERING EMBRYO CALVES. EMBRYO IMPLANT RECORDS MAY BE REQUESTED AT ANYTIME