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Embryo Transplant Application for Registration

Owner Name: _____
 Membership Number: _____
 Address: _____

Date: _____
 Phone/Fax: _____

Donor Dam: _____
 Tattoo: _____
 Registration #: _____

Donor Sire: _____
 Tattoo: _____
 Registration #: _____

(up to 4 calves from the same flush can be submitted on one form, a different form is to be used for each different flush)

Recip Ident (reg # if registered Angus female)	AI or NAT? Service	Implant Date: dd/mm/yy	R/E Tattoo Tag	Birthdate dd/mm/yy	Sex	Num Born	CE	BW	Bth Group	Colour	Reg Now	E Stor	Name of calf:

Flush Recovery Date (dd/mm/yy): _____

(This will be used to determine the breeder of this calf)

Signature of the owner of the dam on the flush recovery date: _____

Membership Number of the owner of the dam on the flush recovery date: _____

Membership name of the owner of the dam on the flush recovery date (please print): _____

(If the owner of the donor dam on the flush recovery date is not the member registering this animal, then this signature will also authorize the transfer of this embryo at the current embryo transfer rate on the fee schedule)

Signature of Breeder that all information contained in this report is true _____