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Embryo Transplant Application for Registration

Membership Name: _____
 Membership Number: _____
 Address: _____

Date: _____
 Phone/Fax: _____

Donor Dam: _____
 Tattoo: _____
 Registration #: _____

Donor Sire: _____
 Tattoo: _____
 Registration #: _____

Flush Recovery Date (if known): _____

(up to 6 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	By IVF (Y/N)	R/E Tattoo Tag	Birthdate dd/mm/yy	Sex	Num Born	CE	BW	Bth Group	Colour	Reg Now	E Stor	Name of calf:

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