



## APPLICATION TO PERFORM EMBRYO TRANSFER

I hereby apply to perform an embryo transfer during the year of \_\_\_\_\_. I am aware of the By-Laws & Regulations of Standardbred Canada respecting to embryo transfer. I understand and acknowledge that:

- (a) rules pertaining to embryo transfers may differ in other jurisdictions;
- (b) a foal which is born as the result of embryo transfer may not be eligible for registration in another jurisdiction;
- (c) a foal which is born as the result of embryo transfer may not be eligible to race in another jurisdiction;
- (d) Standardbred Canada has no liability to me as a result of approving this application for embryo transfer or as a result of registering the horse which is born as a result thereof.

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Name of **Sire** to be used: \_\_\_\_\_ Tattoo #: \_\_\_\_\_  
Name of **Donor Mare**: \_\_\_\_\_ Tattoo #: \_\_\_\_\_  
Name, Breed and Tattoo or Freeze Brand Number of Recipient Mare(s):

	<b>Name</b>	<b>Identification #</b>	<b>Breed</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Fee of \$50.00 + H.S.T. (\$56.50) must accompany this application**

Signature of Applicant: \_\_\_\_\_  
Name: (Please Print) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Telephone #: (Home) \_\_\_\_\_ (Office): \_\_\_\_\_  
Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_