



EMBRYO TRANSFER CERTIFICATE

Stud Book Manager
Mrs Donna Sutton
Lower Mount Pleasant Farm
Sixteen Foot Bank
Chatteris
Cambridgeshire, PE16 6FP

info@haflingersgb.com

For Office use only ULN 82606530000

This form must be filled in by the Veterinary Surgeon or Technician undertaken the procedure and should be returned to the Stud Book Manager with the application for foal registration

Donor Mares Full Name

Registration Number Breed

Surrogate Mares Full Name

Registration Number Breed

Date egg implanted in surrogate mare

Stallion Name Stallion registration number

Service dates by natural service on donor mare

Declaration of Insemination if AI used

I declare that I have inseminated the above mentioned mare on the with doses of semen

Signed MRCVS / TECH

Address of Surgery / Equine Breeding Service

Declaration of Implantation into surrogate mare

I declare that I have implanted the surrogate mare above on the with egg(s) taken from the above donor mare

Signed MRCVS / TECH

Address of Surgery / Equine Breeding Service



The Haflinger Society of Great Britain

www.haflingersgb.com



Pregnancy Diagnosis

I have scanned the above mare *in foal / not in foal* at _____ days post insemination

Signed _____ MRCVS / TECH

Address of Surgery / Equine Breeding Service _____
