EMBRYO TRANSFER PERMIT

Paso Fino Horse Association, Inc.
101 N. Collins. St.
Plant City, FL 33563-3311
(813) 719-7777 tel
www.pfha.org

This form must accompany the registration application for a foal which is the result of an embryo transfer. The applicable fee must also accompany this permit. The foal will not be registered until all fees including the Embryo Transfer Permit fee has been paid.

This form is for the collection of one (1) embryo from one (1) mare.

An embryo transfer from the mare below was performed on ____/____/_____
(MM/DD/YYYY)

_____ _____
Mare's Registered Name Registration Number

Signature of all the recorded owners or lessees of the genetic dam at the time of breeding from which the embryo was collected is required below.

Signature of Recorded Owner(s)/Lessee(s) Membership # (REQUIRED)

_____ _____
_____ _____

Please provide the name, address and telephone number of the veterinarian who performed the embryo transfer.

Veterinarian's Name: _____

Address:_____

_____

_____

Telephone #: (_____) _____

Before the resulting foal can be registered, all other registry requirements must be met. There is no refund of this permit fee.

You may pay for this Embryo Permit Fee with Check or Credit Card. If using a credit card, please fill out the bottom of this form. We take VISA, MasterCard or American Express.

Card Number: _____ Exp Date __/___ Security Code:_____

Cardholder's Name as it appears on the card:

_____

Billing Address of Cardholder: _____

_____

_____

Daytime Telephone (_____) _____

2/5/09