



# Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 689-3700 FAX (859) 689-3702 [registration@pfha.org](mailto:registration@pfha.org)

## Embryo Transfer Permit

### MARE INFORMATION FROM WHICH EMBRYO WAS EXTRACTED:

Date of Embryo Transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Mare's Registered Name: \_\_\_\_\_ Mare's Registration Number: \_\_\_\_\_

Foal's Name (as appears on registration application): \_\_\_\_\_

### RECORDED OWNER OF DONOR MARE:

PFHA Membership Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### RECORDED OWNER OF DONOR MARE (if more than one owner):

PFHA Membership Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### VETERINARIAN WHO PERFORMED EMBRYO TRANSFER:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT INFORMATION:** (no cash or Discover cards accepted)  Check/Money Order  Visa  MasterCard  AMEX

AMOUNT DUE: \$500.00

PAYMENT AMOUNT \$ \_\_\_\_\_ CARDHOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

A 3% convenience fee on all credit card transactions will be applied