



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 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