



"Protecting and Expanding, Performance and Beauty"

Friesian Horse Society, Inc. (FHS) Embryo Transfer Application and Report

For Office Use Only Date received: _____ Date Processed: _____

An ET-produced foal can only become registered if donor and recipient animals have been previously reported to the association.
 (Before breeding /ET is performed during every breeding season)

The FHS Breeding Book Regulations require that all important breeding data, including the time of the insemination, retrieving embryo and the time of the transmission into the recipient mare, as well as name and address acting and allowing institution is to be recorded and to be reported to FHS. All offspring are to be tested concerning pedigree verification of both sire and dam with DNA prior to registration of the foal(s) produced by ET. Although it is expected that high quality breeding stock would be used for this breeding practice, breeders have the right to invoice registered mares and stallions of their choice. The choice of mares/stallions is not under the control of the FHS.

The "Embryo Transfer Application" must be prepared by the mare owner, signed and returned to the FHS Office, for approval. Foals bred by Embryo Transfer will not be recognized by FHS unless this approval is obtained in advance of the time of breeding. The "time of breeding" is defined as the time of insemination or live cover of the mare, not the time of embryo harvest and transfer.

Please allow at least 2 weeks for the processing of the application.

Mare's Registered Name: _____

Registration Number: _____

Date of Birth: _____

Dam: _____ Sire: _____

Registered Owner: _____

Registered Owners Signature: _____

Stallion's Registered Name: _____

Registration Number: _____

Date of Birth: _____

Dam: _____ Sire: _____

Registered Owner: _____

Embryo Transferred Application (continued)

(Mare) _____ **X (Stallion)** _____

Recipient Mare:

(Copy of reg. paper required)

Name: _____

Breed: _____ Reg. No: _____

Breeding by (circle one): insemination / live cover to be performed approximately
(month/year-list all estimated times of breeding if multiple harvest planned),

with subsequent embryo transfer(s) expected to be performed

(Circle one) at time of embryo harvest(s) / not currently known (frozen embryo).

Expected number of embryos to be harvested: _____.

**NOTE: STALLION BREEDING CERTIFICATE AND MARE/STALLION
ANNUAL BREEDING RECORDS MUST BE COMPLETED AND FILED AS PER
FHS RULES.**

Name of Facility performing Embryo Transfer: _____

Address: _____

Phone/ Fax: _____

Name of responsible veterinarian performing the ET: _____

Address of veterinarian (if different than ET facility): _____

Phone/Fax of veterinarian (if different than ET Facility): _____

Signature of responsible veterinarian: _____

Date: _____

Embryo Transfer Application (continued)

The request for Embryo Transfer to be performed by the Veterinarian named above using the above listed registered mares and stallions has been (circle one) approved / denied by FHS

Signature: _____

FHS President, on (date): _____

If denied, reason for denial:

As per Breeding Book Regulations for “Completion of the Embryo Transfer”, the following should be completed and a copy of this report, for each foal produced, should be submitted to FHS no later than, October 1, of the year of Embryo Transfer:

The above named mare was bred by (circle one) live cover / artificial insemination on (date): _____

The subsequent embryo was harvested on _____ and transferred into the recipient mare on _____.

Name of veterinarian performing Embryo Transfer: _____

Signature of veterinarian performing Embryo Transfer:

_____ Date: _____

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