

Postal Address:
Locked Bag No. 6
WINDSOR NSW 2756

APPLICATION TO NOMINATE A MARE FOR USE IN AN EMBRYO TRANSFER PROGRAM

**2009/2010 BREEDING SEASON
(1ST AUGUST 2009 / 31ST JULY 2010)**

Ibeing the
Owner/Lessee of the Mare listed below and wish to nominate her for use in the Embryo
Transfer program for the 2009/2010 Breeding Season.

If the mare listed has not been DNA typed this must be done prior to the time of the
procedure.

Please use a separate form for each mare.

Name of Mare.....Reg. No.....

Name of Stallion.....Reg No.....

I/We declare that I/We have read the Regulations pertaining
to Embryo Transfer and I/We enclose the fee of \$30 for the Embryo Transfer.

Name.....

Address.....

Date.....Membership No.....

Signature.....

Phone.....Fax.....

Email.....

REMINDER:

**ALL ARABIAN FOALS CONCEIVED BY EMBRYO TRANSFER REQUIRE SUCCESSFUL
PARENTAGE VERIFICATION BY DNA TYPING PRIOR TO REGISTRATION.**