

NOTIFICATION OF APPROVED EMBRYO TRANSFER PROCEDURE

Form R285B-2

To be completed and lodged with the State Controlling Body after approval has been previously given on Form R285B-1 and within 7 days of each Embryo Transfer Procedure being performed.

Donor Mare: _____
(name) (freezebrand / identification)

(registered owner / lessee) (age of mare)

Donor Mare Served by: _____
(stallion name)

Number of Embryos flushed: _____
(number)

Recipient mare: _____
(name) (freezebrand / identification)

(breed of recipient mare) (age of mare)

(registered owner / lessee)

Date Transfer performed: _____
(day / month / year)

Artificial breeding station:
(where transfer was performed) _____

Procedure & Likely Birth Date: 1st attempt / 2nd attempt / 3rd attempt _____
(please circle) (likely birth date)

Remarks: _____

Signed: _____
(Registered Veterinarian) (registration number)

Name (please print:) _____
(print name) (date)

Contact Details: _____
(email) (mobile)

Office Use Only:

Application Form
previously approved: _____
(Registrar - State Controlling Body) date

ET details loaded to Harvey: _____
(Registrar - State Controlling Body) date

