



APPLICATION TO PERFORM EMBRYO TRANSFER

I hereby apply to perform an embryo transfer during the year of _____. I am aware of the By-Laws & Regulations of Standardbred Canada respecting to embryo transfer. I understand and acknowledge that:

- (a) rules pertaining to embryo transfers may differ in other jurisdictions;
- (b) a foal which is born as the result of embryo transfer may not be eligible for registration in another jurisdiction;
- (c) a foal which is born as the result of embryo transfer may not be eligible to race in another jurisdiction;
- (d) Standardbred Canada has no liability to me as a result of approving this application for embryo transfer or as a result of registering the horse which is born as a result thereof.

Name of **Sire** to be used: _____ Tattoo #: _____

Name of **Donor Mare**: _____ Tattoo #: _____

Name, Breed and Tattoo or Freeze Brand Number of Recipient Mare(s):

	Name	Identification #	Breed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Fee of \$54.63 + H.S.T. (\$61.73) must accompany this application

Signature of Applicant: _____

Name: (Please Print) _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone #: (Home) _____ (Office): _____

Fax #: _____ E-Mail: _____

Date: _____