

**Embryo Transfer Form**

Please submit this form with Registration Application

*FOR OFFICE USE ONLY*

No: \_\_\_\_\_

Date: \_\_\_\_\_

**Embryo Donor Dam and Sire Information**

The International Dairy Cattle Registry allows the registration of progeny conceived as a result of embryo transplant from the following Donor Dam and Sire mating. The resulting offspring along with the Donor Dam and Sire must be DNA typed before registration is allowed.

Name of Donor Dam \_\_\_\_\_ Reg. No. \_\_\_\_\_ Breed Association \_\_\_\_\_

Name of Service Sire \_\_\_\_\_ Reg. No. \_\_\_\_\_ Breed Association \_\_\_\_\_

**Transfer of Embryo Owner**

This form authorizes the transfer of ownership from the owner of the Donor Dam at time of Embryo Recovery to:

Purchaser or Reciever of Embryo:(Farm, Ranch or Individuals Name) \_\_\_\_\_

Membership Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Resulting offspring**

One Embryo was transferred to each of the following recipients unless it is noted that more than one was transferred.

RECIPIENT IDENTIFICATION Ear Tag, Registration or Tattoo No.	Breed Code	Days Since Estrus	Stage Code	Quality Code	Embryo Manipulated N,D,F,M or U	Straw No.	Embryo Transfer Date	Comments*
1. _____	_____	_____	_____	_____	_____	_____	_____	_____

Signature of person transferring embryos: \_\_\_\_\_

Firm: \_\_\_\_\_ ET Code: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Weight Lbs: \_\_\_\_\_ Sex of Animal: \_\_\_\_\_  
Month Day Year Cow Bull Steer

Birth Was:  Single  Twin to Cow  Twin to Bull

Tattoo: Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_

**Authorized Signature**

As recorded owner or authorized agent of the Donor Dam, (I / we) hereby certify that all information on this form is true and correct to the best of my knowledge. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the International Dairy Cattle Registry.

Owner/Agent Signaturer: \_\_\_\_\_ Member No: \_\_\_\_\_

Address: \_\_\_\_\_ Printed Name: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*(The International Dairy Cattle Registry WILL NOT SHARE your e-mail address)*