



Composite Dairy Cattle Registry

P.O. Box 118 - Butler, MO 64730
(816) 738-4179 - Fax: (660) 200-7211

Embryo Transfer Form

Please submit this form with Registration Application

FOR OFFICE USE ONLY

No: _____

Date: _____

Embryo Donor Dam and Sire Information

The Composite 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 _____
 Birth Was: Single Twin to Cow Twin to Bull

Tattoo: Left Ear _____ Right Ear _____

Cow
Bull
Steer

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 Composite 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 Composite Dairy Cattle Registry WILL NOT SHARE your e-mail address)