

Embryo/Oocyte/Fertilized Egg Transfer Application



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 834-APHA (2742) • Fax: (817) 222-8496
apha.com • askapha@apha.com

Office use only

Date Received: _____

Work Order No.: _____

Amount Charged on CC: _____

Initials: _____

Instructions

- Embryo/Oocyte/Fertilized Egg Transfer Application must be submitted before the intended transfer.
- Before a resulting foal can be registered, its parentage must be verified by DNA genetic testing (sire, donor mare and foal). It is recommended that the donor mare be tested at the time of transfer.
- If more than one transfer is attempted and more than one stallion is used, please list additional stallions used.
- If more than five stallions were used, please attach additional stallion information.
- For additional information concerning APHA embryo transfer rules, see rule RG-120 in the APHA Rule Book, or call MemberCare at (817) 222-6423, or by fax at (817) 222-8458.

Membership

- Membership must be held or purchase in exactly the same name as that under which the mare is owned at the time of transfer.
- Memberships begin in the same month application is postmarked.
- Fees subject to change without notice.

Mare Information

Registered Name of Mare: _____

Registration Number: _____

Recorded Owner: _____ APHA I.D. Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Signature of Recorded Mare
Owner or Authorized Agent: X _____ Date: _____

Breeding Information

Year Bred: _____ Number of Vitriified Embryos Harvested: _____

Please list the Registered Name and Number of each Stallion

1. Name of Stallion: _____ Reg. Number _____

2. Name of Stallion: _____ Reg. Number _____

3. Name of Stallion: _____ Reg. Number _____

4. Name of Stallion: _____ Reg. Number _____

5. Name of Stallion: _____ Reg. Number _____

Clinic Information/Storage Location

Name of Clinic/Station where transfer will be performed: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Fees

	Member
<input type="checkbox"/> Donor Mare Enrollment Fee	\$100
<input type="checkbox"/> DNA Kit Request for Donor Mare	\$60
<input type="checkbox"/> Late Fee	\$100

Membership Levels

- One-year—\$45
- Three-year—\$105
- Five-year—\$175
- Lifetime—\$750

Donor Mare
Enrollment Fee: \$ _____
DNA Kit Request: \$ _____
Membership Dues: \$ _____
TOTAL \$ _____

Check or money order enclosed. **Do not send cash.**
If you pay by check, your check may be presented electronically.

MasterCard VISA American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____

Name of Cardholder: _____

APHA I.D. No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Signature: X _____