Vitrified Embryo 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

- Vitrified Embryo Transfer Application must be submitted before the intended transfer.
- The number of vitrified embryos and the embryo storage location must be placed on file with APHA by October 1 of the collection year or 30 days after vitrification (whichever occurs first).
- 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 three 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 the MemberCare department at (817) 222-6423 or by fax at (817) 222-8458.
- A copy of the Embryo Transfer rule RG-120 is included for your information. Please be certain to review this rule.

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 Vitrified 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 _____

Clinic Information/Storage Location

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

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Name of Storage Location: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ E-mail: _____

Fees

	Member
☐ Donor Mare Enrollment Fee	$100
☐ DNA Kit Request for Donor Mare	$60
☐ 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

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 _____