

# Vitrified Embryo Transfer Application



## American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164  
[apha.com](http://apha.com)

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code to learn more.



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.
- Review RG-120 in the *APHA Rule Book* for full rules regarding Embryo Transfer and Vitrified Embryo Transfer.

### 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
Vitrified Embryo Transplant Fee	\$119**
DNA Kit Request for Donor Mare	\$79**
Late Fee	\$249**

### Membership Levels

One-year—\$89\*\*

Three-year—\$199\*\*

Five-year—\$319\*\*

\* Adult memberships include a *Paint Horse Journal* subscription.  
Lifetime members will receive a 7-year subscription.

\*\*Discounted fees for select services when submitted online.  
Click or scan the QR code at the top for details.

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

MasterCard VISA American Express

*Payment must accompany any work  
submitted to APHA. By providing payment  
details, I am authorizing all charges  
necessary to complete this work.*

### 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



Scan or click for  
a complete list of  
all APHA fees.