

REPORTING FORM EMBRYOTRANSPLANT KFPS

Name stallion:-----

Name stallion holder:-----

ET number (to be filled in by KFPS): **ET/ICSI**

Donor mare data

Donor mare name:-----Reg.#.:-----

Donor mare chipnumber:-----

Name registered (owner) of the donor mare:-----

Surrogate mare data

Surrogate mare name:-----Reg.#.:-----

Surrogate mare chipnumber:-----

Name registered (owner) of the surrogate mare:-----

Implantation data

1. Date of insemination for embryo transplantation:-----

2. Name of veterinarian who has flushed embryos from the donor mare:

3. Date of implantation of the embryo in the surrogate mare:-----

4. Name of the veterinarian who has implanted the embryo in the surrogate mare:-----

Signature stallion owner / veterinarian :-----