FHANA ROYAL FRIESIAN
FRIESIAN HORSE ASSOCIATION OF NORTH AMERICA
BY KFPS

Registration Number:_____

EMBRYO TRANSFER ENROLLMENT

This form and enrollment fee of $25.00 must be submitted to FHANA before the collection of an embryo. The enrollment, once complete, is not transferable or refundable. Only one enrollment per year is required regardless of the number of embryos being transferred.

This is notification of the intent to attempt an embryo transfer from the mare below:

_____	_____	_____
Mare's Name	**Registration Number**	**Breeding Date**

_____	_____
Stallion's Name	**Registration Number**

Please provide the name and address of the clinic where the transfer will be performed.
Veterinarian presiding over transfer:_____

Name of Clinic:_____

Address:_____

Phone: _____

_____	_____
Mare's Owner Name	**Stallion Owner's Name**
_____	_____
Address of Mare Owner	**Address of Stallion Owner**
_____	_____
City/State of Mare Owner	**City/State of Stallion Owner**

FHANA Office Use Only: Date of Receipt of Enrollment: _____
Amount of Payment: _____
Method of Payment: _____

4037 Iron Works Parkway, Suite 160, Lexington, KY 40511-8483
(859) 455-7430 (telephone) (859) 455-7457 (facsimile)