



American Morgan Horse Association, Inc.  
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# APPLICATION FOR FROZEN EMBRYO/OOCYTE TRANSFER

PLEASE CHECK ONE:  Frozen Embryo  Frozen Oocyte DATE OF EMBRYO HARVEST: \_\_\_\_\_

## SECTION 1

### PARENTAGE INFORMATION

Donor Mare's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Stallion's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

I (we) make application for frozen embryo/oocyte transfer based on the information provided above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

AMHA Number: \_\_\_\_\_

### BREEDER DESIGNATION

The following person(s) should appear on the registration certificate as the breeder of the foal resulting from this frozen embryo/oocyte transfer.

Breeder's Name: \_\_\_\_\_ AMHA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### FOAL OWNER DESIGNATION

The following person(s) should appear on the registration certificate as the original owner of the foal resulting from this frozen embryo/oocyte transfer.

Owner's Name: \_\_\_\_\_ AMHA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

APPLICANT

## SECTION 2

### AUTHORIZATION TO REGISTER FOAL RESULTING FROM FROZEN EMBRYO/OOCYTE TRANSFER

I (we) authorize the AMHA to issue a registration certificate based on the information provided herein and in accordance with the rules of the AMHA Register.

\_\_\_\_\_  
 Signature of Mare Owner/Lessee at the time the embryo was harvested Date

\_\_\_\_\_  
 Signature of Mare Owner/Lessee at the time the embryo was harvested Date

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

AMHA Number: \_\_\_\_\_

MARE OWNER/LESSEE

Donor Mare's Name: \_\_\_\_\_

Stallion's Name: \_\_\_\_\_

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**SECTION 3**

**TRANSFERRED OWNERSHIP**

On this date \_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Transferor

\_\_\_\_\_  
Transferor's Signature

On this date \_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Transferor

\_\_\_\_\_  
Transferor's Signature

On this date \_\_\_\_\_, all rights to, and ownership of, the frozen embryo/oocyte indicated on reverse are being transferred and relinquished to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Transferor

\_\_\_\_\_  
Transferor's Signature

**TRANSFEROR OF FROZEN EMBRYO/FROZEN OOCYTE**