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## CERTIFICATION OF EMBRYO/OVUM TRANSFER Tattoo/Freeze Brand #\_\_\_\_\_Colour\_\_\_\_\_ Donor Mare: \_\_\_\_\_ Recipient Mare:\_\_\_\_\_ Tattoo/Freeze Brand #\_\_\_\_\_Colour \_\_\_\_ I/we hereby certify that I/we have identified the mares listed above and have performed an "Embryo Transfer" from (name of donor mare) Embryo transfer was performed on \_\_\_\_\_\_ at the following farm location:\_\_\_\_\_\_ 911 farm address Signed: \_\_\_\_\_ Signed: Veterinarian Reproductive physiologist Address: \_\_\_\_\_ Address: Licence # Licence # This certificate must be completed by the attending veterinarian or technician and forwarded to the Registrar within thirty (30) working days of the procedure.