



KWPN of North America, KWPN-NA
 PO Box O
 Sutherlin, OR 97479

EMBRYO TRANSFER VERIFICATION CERTIFICATE

Donor Mare Owner: Name: _____
 Address: _____
 Phone: _____ Fax: _____

1. Complete all three pages of this form for each embryo transfer.
2. Return all of these forms, along with the donor mare and all recipient mare identification certificates, to the KWPN-NA office by October 1. (Please, retain copies for your records.)
3. The embryo transfer must be performed by a licensed veterinarian who must sign this form upon each transfer and each pregnancy examination.
4. The **donor mare, recipient mare and stallion must all three be DNA'd** and parentage proven before papers can be issued.

Name of Stallion: _____ Breed & Reg. No. _____
 Name of Donor Mare: _____ Breed & Reg. No. _____
 Name of Recipient Mare: _____ Breed & Reg. No. _____
 Recipient Mare Owner: Name: _____
 Address: _____
 Phone: _____ Fax: _____

Embryo Transfer Record - Recipient Mare - Pregnancy Examination						
(If in foal - Last exam to be 50+ days after last transfer)						
Transfer Date	Veterinarian Signature	Date	Pregnant		Veterinarian Signature	
			Yes	No		
1						
2						
3						
4						
5						

I hereby certify that I have performed the above listed embryo transfer(s) and pregnancy examinations and did confirm the identifications of the donor and recipient mares with their identification certificates before proceeding with the embryo transfer(s).

Dated: _____ Veterinarian's Signature: _____
 Name: _____
 Address: _____
 Phone: _____ Fax: _____



KWPN-NA EMBRYO TRANSFER

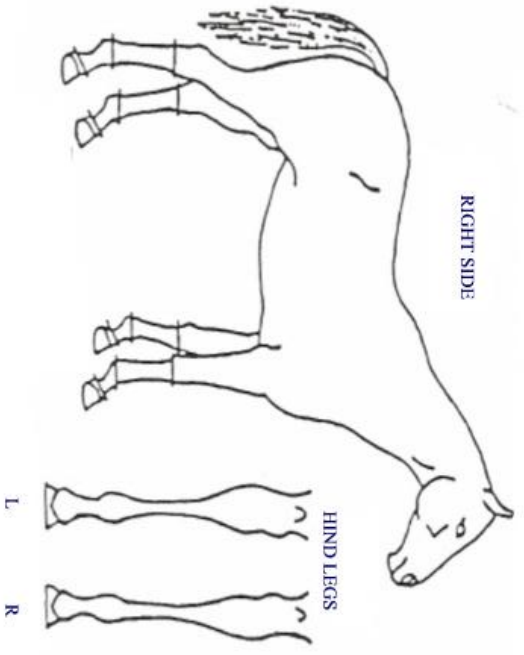
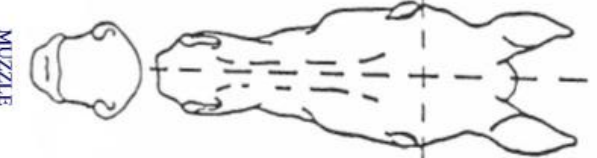
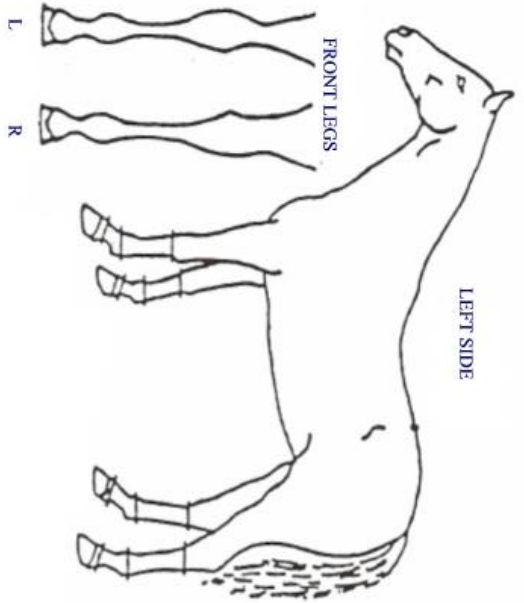
DONOR MARE

IDENTIFICATION CERTIFICATE

BREED: _____

REGISTRATION NUMBER: _____

NAME OF MARE: _____



COLOR: _____ DATE OF BIRTH: _____ SIRE: _____ DAM: _____

MARKINGS: HEAD: _____

L.F: _____

R.F: _____

L.H: _____

R.H: _____

BODY: _____

BRANDS / SCARS: _____

DATE OF EXAMINATION: _____

VETERINARIAN SIGNATURE: _____

NAME AND ADDRESS: _____



KWPN-NA EMBRYO TRANSFER

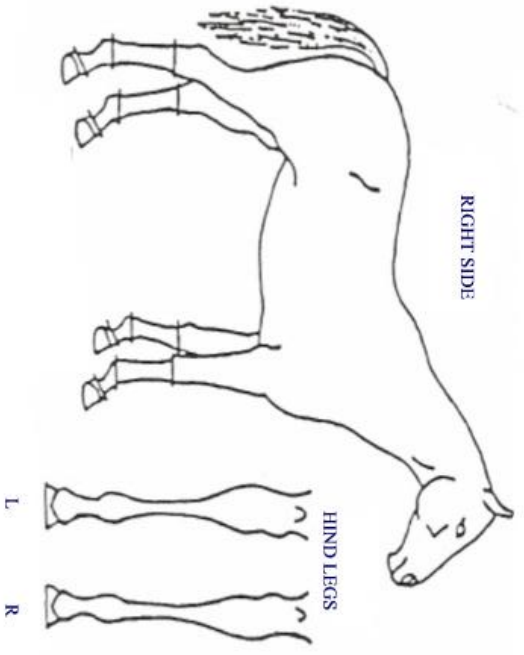
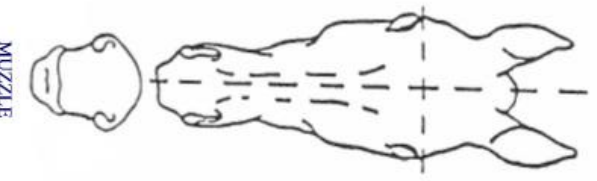
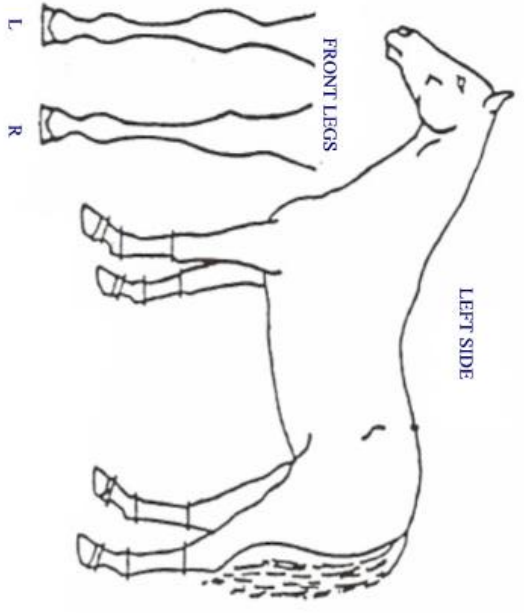
RECIPIENT MARE

IDENTIFICATION CERTIFICATE

BREED: _____

REGISTRATION NUMBER: _____

NAME OF MARE: _____



COLOR: _____ DATE OF BIRTH: _____ SIRE: _____ DAM: _____

MARKINGS: HEAD: _____

L.F: _____

R.F: _____

L.H: _____

R.H: _____

BODY: _____

BRANDS / SCARS: _____

DATE OF EXAMINATION: _____

VETERINARIAN SIGNATURE: _____

NAME AND ADDRESS: _____
