



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

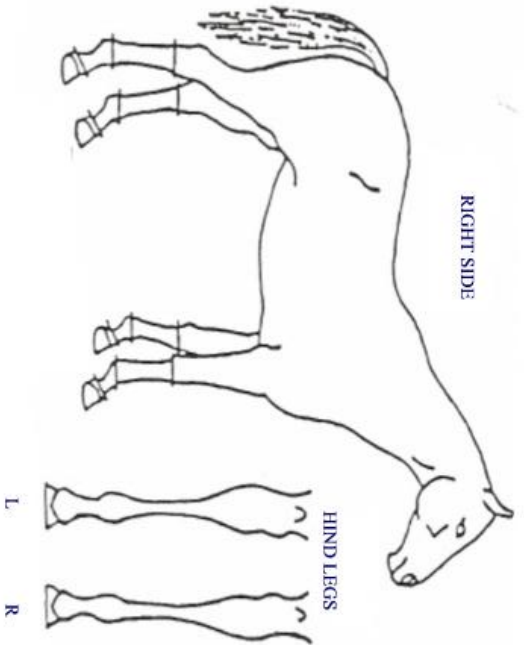
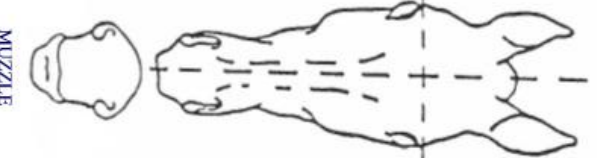
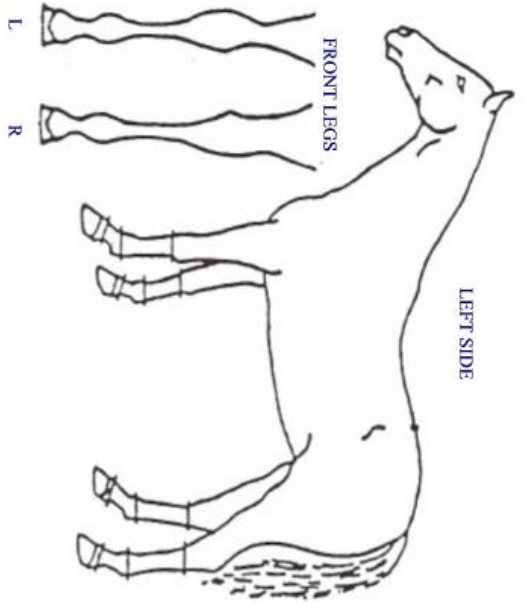
**DONOR MARE**

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

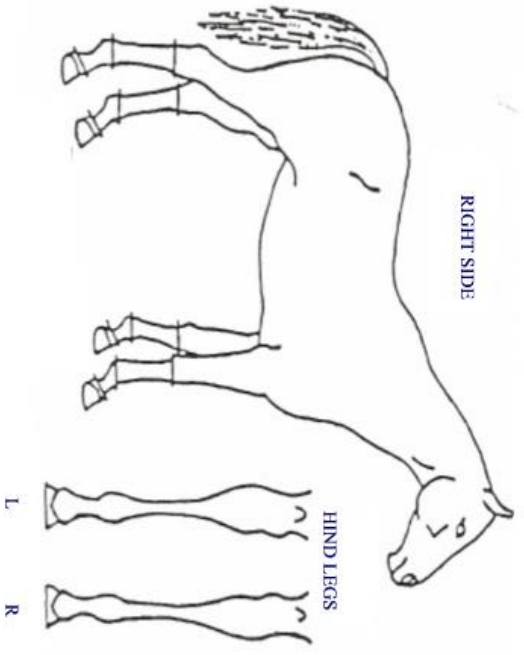
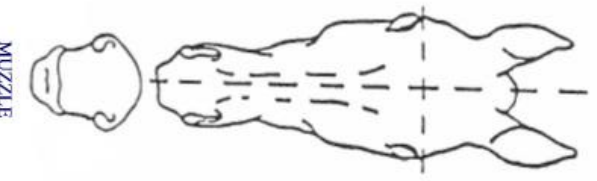
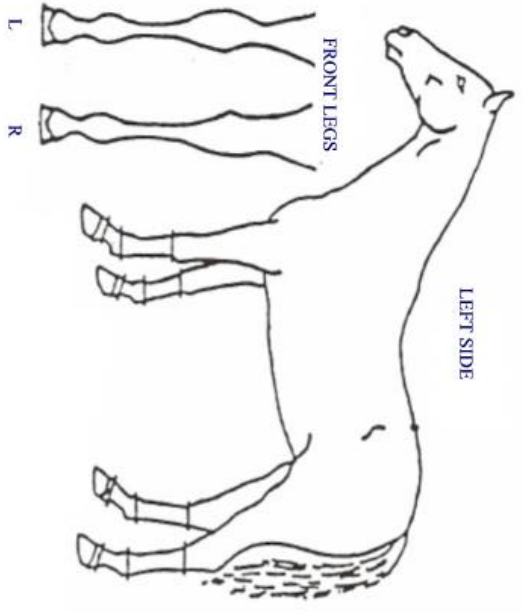
**RECIPIENT MARE**

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: \_\_\_\_\_

\_\_\_\_\_