



ACE

AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

Embryo Transfer (ET) Record - Mare Identification Certificate

Veterinary Surgeon or Accredited AI Technician:

Please complete this form at the time of each embryo transfer. (Please use a new form for each recipient mare)

Mare Owner:

1. When the mare has been positively pregnancy tested, please forward this ET Record to the Stallion Owner to allow the completion of the Service Certificate (please retain a copy of the ET Record form for the foal registration)
2. When the foal is born, please contact the ACE Office for DNA requirements and forward the ET Record copy to the ACE

1st Transfer:

I hereby certify, that on ___/___/___ I have obtained an embryo from the mare known as _____, owned by _____ and described on Diagram 1 (next page), fertilised by the stallion _____

on ___/___/___ (date of last service).

I certify that I have transferred this embryo to the mare known as _____, owned by _____ and described on Diagram 2 (next page).

Date and Time of Embryo Transfer

Name and Address of Veterinary Surgeon / AI Technician

Signature _____

2nd Transfer:

I hereby certify, that on ___/___/___ I have obtained an embryo from the mare known as _____, owned by _____ and described on Diagram 1 (next page), fertilised by the stallion _____

on ___/___/___ (date of last service).

I certify that I have transferred this ovum to the mare known as _____, owned by _____ and described on Diagram 2 (next page).

Date and Time of Embryo Transfer

Name and Address of Veterinary Surgeon / AI Technician

Signature _____

3rd Transfer:

I hereby certify, that on ___/___/___ I have obtained an embryo from the mare known as _____, owned by _____ and described on Diagram 1 (next page), fertilised by the stallion _____

on ___/___/___ (date of last service).

I certify that I have transferred this ovum to the mare known as _____, owned by _____ and described on Diagram 2 (next page).

Date and Time of Embryo Transfer

Name and Address of Veterinary Surgeon / AI Technician

Signature _____

THE AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

ARBN: 610 022 065 / ABN: 67 826 873 846

PO Box 224, Canungra QLD 4275

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www.acegroupinc.com.au



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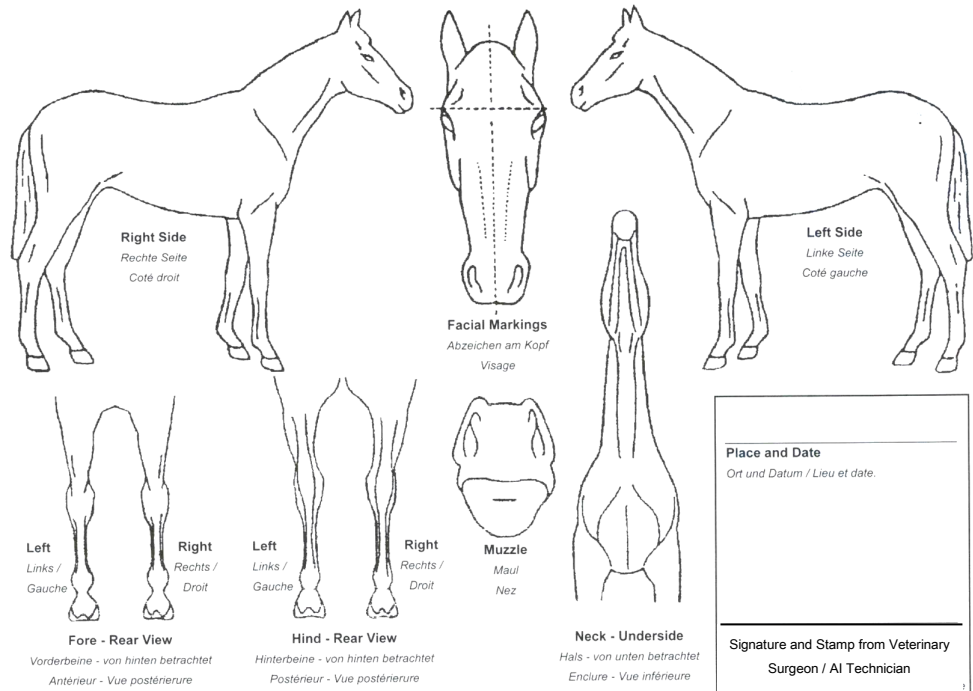
Embryo Transfer (ET) Record - Mare Identification Certificate

Description of Donor Mare (Diagram 1)

Name

Registration Number

Microchip Number



Place and Date
Ort und Datum / Lieu et date.

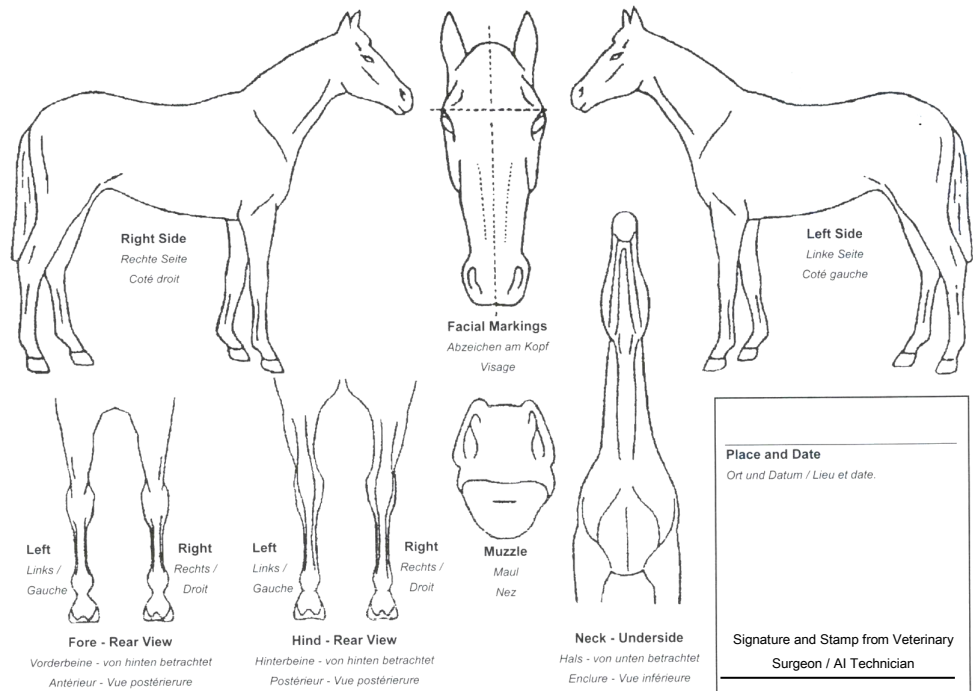
Signature and Stamp from Veterinary Surgeon / AI Technician

Description of Recipient Mare (Diagram 2)

Name

Registration Number

Microchip Number



Place and Date
Ort und Datum / Lieu et date.

Signature and Stamp from Veterinary Surgeon / AI Technician

Please ensure the markings of both mares enable a positive identification of the animal in future. White markings must be shown in red. If there are no markings, this fact must be stated. All head and neck whorls should be marked with a black x. Other whorls should be similarly recorded in grey in animals lacking sufficient other distinguishing marks. Acquired marks and other distinguishing marks, e.g. prophet's thumb mark, etc should always be noted. Please include brands and note the microchip number and mark the location with an arrow.

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