

CERTIFICATE OF EMBRYO RECOVERY

Donor Name _____ No. _____ Tattoo _____

Owner(s) _____ Address _____

Service Sire _____ No. _____ Breeding Date _____

I.D. Code _____ Freeze Date/Batch No. _____ Recovery Date _____

Service Sire _____ No. _____ No. Recovered _____

I.D. Code _____ Freeze Date/Batch No. _____ No. Transferred _____

No. Frozen _____

Signature of Practitioner Recovering Embryos _____

Firm _____ ET Code _____

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Certificate of Embryo Transfer Recipient Identification

Date Of Embryo Transfer	Freeze Date on Straw/Amp	Straw/Amp Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

One Embryo was transferred to each of the following recipients unless it is noted otherwise

Days since Estrus of Donor _____

	Ear Tag/ Reg. No.	Tattoo	Breed Code	Days From Estrus	Stage Code	Quality Code	Embryo Divided	Comment*
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____

Signature of Practitioner that transferred the Embryos _____

Firm _____ ET Code _____ Phone() _____

***ALL resulting offspring MUST be DNA typed and sire and dam verified BEFORE registration.**