



Date Received: _____
 Voucher Number: _____
 C.H.A. Number: _____
 For Office Use Only

Embryo Transplant (ET) Registration Application

Service Sire: _____
 Name Registration # Tattoo
 Donor Dam: _____
 Name Registration # Tattoo
 Service: AI or Natural _____
 Breeding Date (DD/MM/YY) Flush/Recovery Date (DD/MM/YY) Implant Date (DD/MM/YY)
 (Date Donor Dam bred to Service Sire)

Approval to use non-owned sire naturally

Signature of Owner: _____ Print name: _____

Tattoo Birthdate (DD/MM/YY) Sex (M/F) Twin (Y/N) Twin Sex (M/F) Horned/Polled

Animal name: _____
 (30 Characters MAX incl. spaces, must include ET before tattoo (HEREFORD CALF ET 123J))

Breeder: _____ CHA# _____

Owner: _____ CHA# _____

THE Participants

Calving Ease: _____ Birth Weight: _____ Recipient: _____
 Tag/Reg# if Registered Hereford Age
 Recipient's Paternal Breed: _____ Recipient's Maternal Breed: _____

Sale of Embryo Required for Non-Owned Donor Dams Attached/Enclosed

Applicant Signature: _____ Print name: _____

Canadian Embryo Transfer Association
CERTIFICATE OF EMBRYO RECOVERY

Breed: Hereford (Homed)
 Donor Name: XXXXXXXXXXXX No: C0XXXXXXXXX Ear Tag or Tattoo: XXXX 999A
 Owner: XXXXXXXXXXXXXXXXXXXX Address: XXXXXXXXXXXXXXXXXXXXXXXX
 Service Sire: XXXXXXXXXXXXXXXX No: C0XXXXXXXXX Breeding Date: 20SE23
 I.D. Code: XXXXXXXX Freeze Date: _____ Recovery Date: 20SE30
 Service Sire: _____ No: _____
 I.D. Code: _____ Freeze Date: _____
 Signature: _____ Firm: Davis-Rairdan E.T. Ltd.
 ET Code: XXXX

CERTIFICATE OF EMBRYO TRANSFER

Surgical Non-surgical IF FROZEN/THAWED
 Freeze Date on Straw: 20SE30
 One Embryo was transferred to each of the following recipients unless it is noted that more than one was transferred

RECIPIENT IDENTIFICATION	Breed Code	Days Since Estrus	Stage Code	Quality Code	Embryo Divided	Straw No.	Date of embryo Transfer
XXXX	BLK	7	7	1	Nq	XXXX	21AP29

Breeding Date
 Flush/Recovery Date

Please note: Dates are often recorded in YY/MM/DD format.

Implant Date