



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

SALE OF EMBRYO (No Charge)

To be used to register calves resulting from purchased embryos– no lease required
and/or
 To be used for co-owned donor dams– no lease required

DONOR DAM _____ **REG#** _____

SERVICE SIRE _____ **REG#** _____

Date of Service _____
 Day Month Year

Type of Service _____ **If Natural Service** _____
 A I Natural Signature of Owner of Natural Service Sire

Date of Embryo Recovery _____
 Day Month Year

I/WE THE OWNER(S) of the above stated donor dam at time of conception, sell _____ Embryo(s) to:

NAME _____ **CHA#** _____

ADDRESS _____ **PHONE#** _____
 (Give complete address of buyer)

_____ **EMAIL** _____
 (Town/City) (Prov) (Postal Code)

ALL OWNERS OF DONOR DAM AT TIME OF BREEDING MUST SIGN BELOW

SIGNATURE _____ **PRINT NAME** _____

SIGNATURE _____ **PRINT NAME** _____

SIGNATURE _____ **PRINT NAME** _____

Date of Application _____
 Day Month Year

EMBRYO REPORT(S) COMPLETED BY THE TECHNICIAN PERFORMING THE EMBRYO RECOVERY/TRANSFER MUST BE RETAINED FOR YOUR RECORDS AND MAYBE REQUESTED AT ANYTIME