



**THE AMERICAN MINIATURE HORSE ASSOCIATION, INC.**

5601 S Interstate 35 W • Alvarado, Texas 76009

(817) 783-5600 • FAX (817) 783-6403

<http://www.amha.com>

## EMBRYO TRANSFER ENROLLMENT

This form and enrollment fee must be submitted to AMHA ten (10) days prior to the intent to perform transfer by the recorded owner or authorized agent of the donor mare. The enrollment, once completed is not transferable or refundable. Only one enrollment per year is required, regardless of the number of embryos being transferred.

This is notification of the intent to attempt an embryo transfer from the mare below:

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Donor Mare's Full Name	AMHA Registration Number	Breeding Year
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Breeding Stallion's Full Name	AMHA Registration Number
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The sire and donor mare must be DNA tested prior to embryo transfer and the results on file at AMHA. You may request a DNA kit for the sire or donor mare by sending us the registered name and number plus \$50 for each DNA kit.

A licensed veterinarian that meets all state requirements must conduct the collection and embryo transfer. Please provide the name, full address, and telephone number of the clinic where the transfer will be performed.

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Clinic Name	Licensed Veterinarian	State ID #
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Address	City	State	Zip	Phone Number
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The person signing below agrees to pay all genetic testing expenses as well as any other testing AMHA may deem necessary for the parentage case of the resulting foal.

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Printed Name of Person Agreeing to Pay Expenses	Signature	Date
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Complete Address for Person Signing	Daytime Telephone Number
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Daytime Telephone Number	Email Address
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**Payment Information:** Enrollment fee for the Embryo Transfer Program is **\$100 for members**. Non-sufficient funds checks will be assessed an NSF fee.

**Check or Money Order Enclosed** (Make checks payable to AMHA). To pay with Credit Card please complete the following. For PayPal, please provide PayPal email address and we will send you a PayPal Invoice.

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_