Application to Perform Embryo Transfer

PART ONE

I hereby apply to perform an embryo transfer during the year _____. I am aware and acknowledge that this application must be approved by the Registrar before a transfer can be performed by a reproductive specialist, in accordance to USTA Rule 26, Section 23. *Once this application is approved, the Certificate of Embryo Transfer must be completed and returned to the USTA within 35 days following the procedure. Failure to submit this application before a flush will result in a $100.00 fine.*

Name of stallion to be used: _____ Registration No. _____

Name of donor mare: _____ Registration No. _____

PART TWO

Owner information (required):

Printed Name: _____ USTA Member No: _____

Signature: _____ Date: _____

Reproductive Specialist information (required):

Printed Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

PAYMENT INFORMATION (Application fee for Embryo Transfer is $25, non-refundable)

Please do not send cash. **For U.S.:** Pay by check, money order or credit card in U.S. funds only. **Outside U.S.:** Payment is by credit card ***only***.

Payment Method: ☐ Check ☐ Money order ☐ Visa/MasterCard Name as appears on card: _____

Complete only if paying by credit card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **CVV Code** ☐☐☐

Expiration date: _____/_____ Signature: _____

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