

Postal Address:  
Locked Bag No. 6  
WINDSOR NSW 2756

**APPLICATION TO NOMINATE A MARE FOR USE IN AN  
EMBRYO TRANSFER PROGRAM  
FOR THE 2011/2012 BREEDING SEASON  
(1<sup>ST</sup> AUGUST 2011 to 31<sup>ST</sup> JULY 2012)**

I/We being the Owner(s) /Lessee(s)\*\* of the Mare listed below wish to nominate her for use in the Embryo Transfer program for the 2011/2012 Breeding Season.

**\*\*Please note as from 1/8/2011 Lessees of mares shall not be entitled to perform embryo transfer, ovum transfer or freeze embryos or ova for use with the Society unless consent for such has been received by the Society from the lessor in writing.**

Name of Mare.....Reg. No.....

Name of Stallion.....Reg. No.....

- The DNA analysis of both the stallion to be used to impregnate the donor mare and the donor mare must be on record with the AHSA for each stallion and donor mare prior to any permit being issued. This applies to both purebred & derivatives.
- As from 1/8/2011 any Arabian (purebred) mare to be used in an ET program must be tested for SCID, LFS & CA and the results sent to the Society. Carrier mares will still be approved for ET.

Enclosed are the following fees:

- |   |         |
|---|---------|
| 1. Notification Fee for the above mare to be used in an Embryo Transfer program | \$30.00 |
| 2. Fee for the above mare requiring DNA @ \$70.00                               | \$..... |
| 3. Fee for the above stallion requiring DNA @ \$70.00                           | \$..... |

Total \$.....

For purebred mares requiring LFS, CA & SCID testing please apply on the appropriate application form and attach to this application.

**I/We declare that I/We have read the Rules & Regulations pertaining to Embryo Transfer:**

Name.....

Address.....

Signature.....Date.....MembershipNo.....

Please enclose a Cheque, Money Order or complete the details below to pay by MasterCard or Visa.

Credit Card details – Cardholders Name: _____		Expiry Date: _____/_____/_____	
MasterCard or Visa	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CCV No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cardholders Signature: _____		Amount: _____	