



EMBRYO OWNERSHIP TRANSFER FORM

If embryos (whether carried by the donor mare, transferred to a carrier mare, or frozen for later implantation) are sold by a mare owner, an "Embryo Ownership Transfer" form may be filed with the Registry providing for the registration by the buyer of the resulting offspring. Separate forms must be used if different stallions or transfer methodologies are used for multiple embryos (e.g., one embryo implanted, one embryo frozen).

Note: Rule V.C.1.c. will continue to apply to transfers of foals prior to registration if an Embryo Ownership Transfer Form is not on file with the Registry. Rule III.A.6 and Rules III.K.5. will continue to apply if a donor mare has been sold after the recovery of an embryo.

Name of donor mare: _____ Registration number: _____

Name of stallion: _____ Registration number: _____

Number of embryos being transferred: _____ Transfer date: _____

Only complete applicable items:

Insemination date(s): _____ Date of sperm injection of oocytes: _____

Disposition of Embryo: Carried by Donor Mare Transferred to Carrier Mare on: _____ (date), or Frozen

Frozen Embryo storage location or carrier mare location: _____

List the contact person with documentation of any breeding, ICSI, and/or embryo transfer procedures:

Name: _____ Phone: _____ Email: _____

Buyer Name(s): _____ ASHBA Membership #: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Fees: \$25 per Embryo: _____ Number of Embryos: _____

I certify that ownership transfer of above embryo(s) includes the unconditional transfer of the rights as registrant for any foal(s) produced.

If applicable: I certify that transfer of the above embryo(s) includes the unconditional transfer of the rights as breeder designation for any foal(s) produced (upon payment of the separate Breeder Designation Fee).

Signature of Donor Mare Recorded Owner at the time of the sale: _____
(or lessee or authorized agent)

Print Name: _____ ASHBA Membership #: _____

Signature of Buyer: _____ Print Name: _____

Method of Payment:

3% processing fee will be added to all ASHBA credit/debit card transactions.

Total Due: \$ _____

____ Check (payable to ASHBA) **OR** Visa, MasterCard, Discover, AMEX

Credit/Debit Card #: _____ Exp. Date: _____ / _____ (month/year)

Cardholder's Name: _____

Return completed form by email to registry@saddlebred.com, fax 859-259-1628 or mail to:

ASHBA
4083 Wing Commander Way, Suite 50
Lexington, KY 40511