



Lipizzan
Association of
North America

TRANSPORTED SEMEN/EMBRYO TRANSPLANT BREEDER'S CERTIFICATE

THIS FORM IS TO BE USED FOR MARES BRED WITH COOLED, TRANSPORTED SEMEN AND EMBRYO TRANSPLANT. ADDITIONAL FORMS REQUIRED — SEE (1) COLLECTION/INSEMINATION CERTIFICATE FOR COOLED TRANSPORTED SEMEN OR FROZEN SEMEN AND (2) EMBRYO TRANSFER DONOR MARE ENROLLMENT FORM AND EMBRYO TRANSFER RECIPIENT MARE ENROLLMENT FORMS.

INSTRUCTIONS:

Certificate filled in by stallion owner/lessee
IF GENETIC ID # is not known, contact LANA office

STALLION INFORMATION:

Stallion Name: _____
 LANA # _____ Genetic ID# _____
 Owner Name _____
 Lessee Name _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Email Address _____
 Date Transported Semen Shipped _____

Signature: Stallion Owner/Lessee

Once Stallion Information is completed, all forms to be sent with transported semen for completion by mare owner/lessee

FINAL DISTRIBUTION COPIES:

Two copies returned to stallion owner/lessee after completion by mare owner/lessee. One copy must be attached to stallion report. Two additional copies retained by mare owner/lessee. One copy must be attached to REGISTRATION APPLICATION of resulting foal.

INSTRUCTIONS:

Date mare/donor mare inseminated/embryos flushed filled in by mare owner/lessee; IF GENETIC ID # is not known, contact LANA office

MARE/DONOR MARE INFO:

Mare/Donor Mare Name: _____
 LANA # _____ Genetic ID# _____
 Owner Name _____
 Lessee Name _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Email Address _____
 Date Transported Semen Shipped/
Embryos Flushed _____

Signature: Mare/Donor Mare Owner/Lessee

INSTRUCTIONS:

Date embryos transferred to recipient mare filled in by mare owner/lessee; Recipient Mare must be DNA'd w/i 30 days of embryo transfer. IF GENETIC ID # is not known, contact LANA office

RECIPIENT MARE INFO:

Recipient Mare Name: _____
 Breed: _____
 Reg. No. _____ Genetic ID# _____
 Owner Name _____
 Lessee Name _____
 Address _____
 City/State/Zip _____
 Day Phone _____
 Email Address _____
 Date Embryos Transplanted _____

Signature: Recipient Mare Owner/Lessee