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CERTIFICATION OF EMBRYO TRANSFER

Donor Mare: _____ **Tattoo/Freeze Brand #** _____ **Colour** _____

Recipient Mare: _____ **Tattoo/Freeze Brand #** _____ **Colour** _____

I/we hereby certify that I/we have identified the mares listed above and have performed an “Embryo Transfer” from
 _____ **TO** _____
 (name of donor mare) (name of recipient mare)

Embryo transfer was performed on _____ **at the following farm location:** _____
 date of procedure 911 farm address

Signed: _____
Reproductive physiologist

Signed: _____
Veterinarian

Address: _____

Address: _____

Licence # _____

Licence # _____

This certificate must be completed in triplicate by the attending veterinarian or technician and the original must be mailed to the Registrar within seven (7) working days of the procedure.