

CERTIFICATION OF EMBRYO TRANSFER



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DONOR MARE: _____ TATTOO #: _____ COLOUR: _____

RECIPIENT MARE: _____ TATTOO #: _____ COLOUR: _____

WE HEREBY CERTIFY THAT WE HAVE IDENTIFIED THE MARES LISTED ABOVE AND HAVE PERFORMED AN EMBRYO

TRANSFER FROM: _____ TO: _____
(Name of Donor Mare) (Name of Recipient Mare)

DATE of EMBRYO TRANSFER: _____

SIGNED: _____
Reproductive Physiologist

SIGNED: _____
Veterinarian

ADDRESS: _____

ADDRESS: _____

LIC. #: _____

LIC. #: _____