



# Embryo Transfer Pregnancy Declaration Form

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## Step #1 Identify the donor mare, stallion and describe the recipient mare you are reporting:

_____	_____	_____
Donor Mare's Name	Registration Number	Breeding Year
_____	_____	
Donor Mare Owner/Agent's Name (Please Print)	Phone Number of Owner Agent	
_____	_____	
Stallion's Name	Registration Number	

Recipient Mare Description (Name, Color, Markings): \_\_\_\_\_

## Step #2 Read each declaration below and check the box to indicate the statement is true.

The below indicated licensed Kentucky veterinarian performed the embryo transfer (ET) procedure.

Print Veterinarian's Name: \_\_\_\_\_ Kentucky License #: \_\_\_\_\_

Veterinary Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

- All ETs were performed within the borders of the Commonwealth of Kentucky
- After appropriate veterinary/client consultation, the above indicated recipient mare is being declared as PREGNANT during this 42-60 day pregnancy test as required by the KyQHA BIF as carrying the pregnancy of the donor mare and the KyQHA BIF eligible offspring.
- The veterinary practice conducting the embryo transfer confirms this recipient mare is implanted with an ISO/ANSI compatible RFID electronic identification microchip (11784/85, 134.2kHz).

Declare microchip #: \_\_\_\_\_

A Federal EIA Test was conducted at the time of the 42-60 day pregnancy test. Included on the EIA Test is the Electronic I.D. No. of the recipient mare. I am aware this EIA Test is required regardless of the date of any earlier EIA test. Lab Accession #: \_\_\_\_\_

Step 3: \_\_\_\_\_  
Signature of Veterinarian Date

NOTE: Incomplete forms will not be processed

FOR OFFICE USE ONLY

DATE PROCESSED: \_\_\_\_\_  
PROCESSED BY: \_\_\_\_\_