



Breeding Certificate – Embryo Transfer

Stallion Name.....

(Please, send us a copy of pedigree) Life number.....

Donor Mare: Name.....

(Please, send us a copy of pedigree) Life number.....

Owner of Mare: Name.....

Address.....

Location, Postal Code.....

Last Breeding Date:

Embryo Transfer Dates

Recipient Mare: Name.....

(Please, send us a copy of pedigree) Life number.....

Date

Print Name of Vet and a Clinic Address.....

Signature of Veterinarian and State where licensed.

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Foal Report

Foal: Date of Birth.....Place of Birth.....

Sex..... Color.....

No live Foal Report

Mare did not conceive Aborted/absorbed

Foal and/or Mare died - date: _____

Owner: Name.....Farm.....

Membership number.....

Mailing Address.....

City, State, Zip Code.....

Email.....

Phone number.....

.....
Date

.....
Signature of Owner

The birth of the foal must be reported to the Verband der Züchter des Holsteiner Pferdes e.V. (bergmann@holsteiner-verband.de) within 28 days at the latest on this card. For foals that are not registered in time, an additional handling fee will be charged according to the fee regulations of the association.



PLEASE COMPLETE THE FOLLOWING FOR YOUR REGISTRATION:

Name Choices: 1) _____ 2) _____ 3) _____

Microchipping # _____. Microchipping is required. The chip offered is FEI compliant and the information on the chip will be maintained by the Holsteiner Verband and also submitted to USEF. If your horse has been microchipped already, submit the documentation. The information will be printed on the papers and recorded as part of the horse's permanent file.

The owner information above will appear on your horse's registration/certificate of pedigree. Please review and make any necessary changes:

Ownership Information (if papers are to be issued in someone else's name, please not the change of ownership (...€/€/\$):

Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____