



KyQHA BIF Embryo Transfer Pregnancy Declaration Form



Mail to: KyQHA, PO Box 23917, Lexington, KY 40523-3917

Fax Toll Free to: (888) 641-3944

Call Toll Free: (888) 367-5742 with questions

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: _____ KY License #: _____
 Veterinary Practice Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number(s): _____
 Email: _____

- All ETs were performed within the borders of the state 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, 134.2 kHz).

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.