

Embryo Transfer – Incoming Embryo

OWNER DETAILS

Owner/Agent:

Address:

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Phone Home: Work: Fax:

Mobile: Email:

(Please Circle)

Preferred Communication: Phone / Fax / SMS / Email

FEES & CONDITIONS

It is a requirement of Equivet Breeding Centre that a \$500.00 deposit is paid in full prior to transfer of your embryo into an EBC recipient mare. For further information, please contact the Equivet Office – 07 4691 0322.

Fees payable as follows:

* Transfer Deposit: \$500.00

Credit Card details for payment:

Name on Card: Card Number: _____

Expiry Date: ____ / ____ Credit Card receipt required? **Yes** or **No**

Signature of card holder:

OR Direct Debit details for payment:

Account Name: Equivet Breeding Centre **BSB:** 084 961 (NAB) **Account:** 465 265 818
Please use your name as the reference.

EMBRYO DETAILS

Mare Name:

Breed: Size (hands):

DOB:

Stallion Name: Semen Type: Fresh: Chilled: Frozen:

BREEDING INFORMATION

Ovulation Date: Approx. Time: No. of Ovulations: