



The Arabian Horse Society of Australia Ltd.
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APPLICATION TO NOMINATE A MARE FOR USE IN AN EMBRYO TRANSFER PROGRAM FOR THE 20__ /20__ BREEDING SEASON

I/We being the Owner(s) /Lessee(s)** of the Mare listed below wish to nominate her for use in the Embryo Transfer program for the 20__ /20__ Breeding Season.

****Please note as from 1/8/2011 Lessees of mares shall not be entitled to perform embryo transfer, ovum transfer or freeze embryos or ova for use with the Society unless consent for such has been received by the Society from the lessor in writing.**

Name of Mare:.....Reg. No.....

Name of Stallion.....Country.....

- The DNA analysis of both the stallion to be used to impregnate the donor mare and the donor mare must be on record with the AHSAR for each stallion and donor mare prior to any permit being issued. This applies to both purebred & derivatives.
- As from 1/8/2011 any Arabian (purebred) mare to be used in an ET program must have results for SCID, LFS & CA lodged with the Society. Carrier mares will still be approved for ET.

Enclosed are the following fees:

Notification Fee for the above mare to be used in an Embryo Transfer program	\$30.00
Fee for the above mare requiring DNA @ \$70.00	\$.....
Fee for the above stallion requiring DNA @ \$70.00	\$.....
Total	\$.....

For purebred mares requiring LFS, CA & SCID testing please apply on the appropriate application form and attach to this application.

I/We declare that I/We have read the Rules & Regulations pertaining to Embryo Transfer:

Name:.....

Address:.....

..... Postcode:

Phone:..... Email:

Signature/s:..... Membership No:.....

Please enclose a Cheque, Money Order or complete the details below to pay by MasterCard or Visa.	
Credit Card Details—Cardholders Name:	Expiry Date:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MasterCard & Visa CCV No: <input type="text"/> <input type="text"/> <input type="text"/>
Cardholders Signature:	Amount: \$