



<b>OFFICE USE ONLY</b>
Permit # _____
Approved by : _____
Date: _____

## RETAINED EMBRYO PERMIT APPLICATION

One form per embryo

I hereby acknowledge that I have read and agree to be bound by and follow the ISWHA Rules and Regulations pertaining to Embryo/Oocyte Transfer. I also understand that the ISWHA will investigate non-compliance with these Rules and Regulations and, in the event of such non-compliance; any resultant foals may be ineligible for registration. Specifically, I acknowledge that I understand the following with respect to this Request for an Embryo/Oocyte Transfer Certificate and to the registration of foals resulting from the use of Embryo/Oocyte Transfer from this mare:

One Embryo/Oocyte Transfer Permit is required to register EACH foal conceived using a retained Embryo/Oocyte. You will receive your permit within four weeks of submitting the application to the ISWHA. The approved permit satisfies the requirements of the Stallion Owner's signature and Mare Owner's signature on the breeding certificate and must be included with the foal's registration application.

NOTE: Mare owners or leasers must ensure that they have purchased a sufficient number of Retained Embryo Permits prior to the sale or exportation of a mare. Once the ownership of a mare changes, or the lease expires, the former mare owner or leaser may no longer purchase Retained Embryo Permits. **IF THE LEASEE IS APPLYING FOR PERMITS, A COPY OF THE LEASE MUST BE ON FILE WITH THE ISWHA FOR THIS APPLICAITON TO BE PROCESSED.**

Bred to \_\_\_\_\_

Name of Mare	Registration #	Name of Stallion	Registration #
Breed	Breed Registry		

Dates bred: \_\_\_\_\_ (dd/mm/yyyy)    Method of breeding \_\_\_\_\_    Date of embryo collection: \_\_\_\_\_ (dd/mm/yyyy)

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Mare Owner or Leasee: Surname	Given Names	Phone Landline	Phone Mobile
Full postal address		State/Country	Country
E-mail		Website	
Prefix:	Farm Name:	ISWHA Membership #:	

I certify that the information on this form is true and correct to the best of my knowledge. I understand and agree to the rules and regulations for membership, inspection, and competition awards with the ISWHA.

Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

