2024 EMBRYO TRANSFER &/OR ICSI REPORT

Name of Farm/Facility_____

_____

Address **City** **State** **Zip**

(_____)_____@_____

Phone Number **Email**

Person performing ETs:_____

(PRINT)

_____

(SIGNATURE)

PLEASE Return to:

NMHBA

4836 Hardware Dr NE Suite B

Albuquerque, NM 87109

Email: registrar@nmhorsebreeders.com

FAX: 505-265-8009

DONOR MARE	RECIPIENT MARE	LOCATION WHERE MARE WAS BRED	WAS THIS AN ICSI PROCEDURE	STALLION BRED TO	DATE OF TRANSFER

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