



EMBRYO TRANSFERS BY 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: nmhba@nmhorsebreeders.com
FAX: 505-265-8009

DATE	DONOR MARE	RECIPIENT MARE (s)	STALLION BRED TO	OWNER OF DONOR MARE	NUMBER OF FROZEN EMBRYOS
Date of ICSI: Date of Embryo Transfer:				Name: Address: City: State: Zip: Phone:	
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