



**New Mexico Horse Breeders' Association
ICSI REPORT**

Date of ICSI procedure: _____

Person That Performed ICSI Procedure: _____

Facility Name

Facility Address

City State Zip

Phone Number

Email

Name of Donor Mare: _____

Stallion Bred to: _____

Number of Embryos: _____

Owner of Broodmare: _____

Mailing Address: _____

City State Zip

Phone Number: _____ Email: _____

For ICSI foals to be eligible for this program, all processes and procedures must have taken place after January 24, 2024. This includes aspiration & embryo production/freezing.

I have read and agree to be bound by the terms of this agreement and have followed the New Mexico Horse Breeders Association By-Laws and Rules and understand it is my responsibility to provide accurate information or application may be denied.

Printed Name of Person performing ICSI: _____

Signature: _____ Date: _____

INCOMPLETE FORMS WILL BE RETURNED

4836 Hardware Dr NE Suite B, Albuquerque, NM 87109 (505) 262-0224 fax (505) 265-8009 email nmhba@nmhorsebreeders.com
All NMHBA forms can be found at nmhorsebreeders.com or call the office.