

# IRISH HEREFORD BREED SOCIETY Ltd.

HARBOUR STREET, MULLINGAR, Co. WESTMEATH.

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## EMBRYO RECOVERY/TRANSFER FORM Office reference \_\_\_\_\_

### PART A

MEMBER / BREEDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

<p><b>DONOR COW</b></p> <p>_____</p> <p>ID No. _____</p> <p>DNA Ref. No. _____</p>	<p><b>SERVICE SIRE</b></p> <p>_____</p> <p>ID No. _____</p> <p>DNA Ref. No. _____</p> <p>DATE OF SERVICE _____</p>
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NAME OF E.T. UNIT \_\_\_\_\_

Will recovery and insertion take place at unit or farm \_\_\_\_\_

I hereby apply to have ova fertilised by the above bull, extracted from the above female and agree to the fertilised ova and general rules of the Society.

SIGNED MEMBER / BREEDER \_\_\_\_\_

### PART B

DATE OF EMBRYO RECOVERY \_\_\_\_\_ NO. RECOVERED \_\_\_\_\_

NO USED \_\_\_\_\_ NO DESTROYED \_\_\_\_\_ NO FROZEN \_\_\_\_\_

	RECIPIENT IDENTITY NO.	BREED	EMBRYO NO.	DATE OF TRANSFER	PREG. TEST
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I CERTIFY THAT THE ABOVE DETAILS ARE TRUE AND CORRECT

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Veterinary Surgeon

I certify that the above recipients have had no access to any bull for 30 days before or 30 days after insertion of the embryo.	
SIGNED _____	Veterinary Surgeon or Breeder Whichever applicable

To Be Returned to the Society Within 30 Days Of Embryo Recovery