



North American Peruvian Horse Association

**EMBRYO TRANSFER PROGRAM
REPORT ON FLUSHING/TRANSFER**

Name of Mare _____ NAPHA Reg # _____

Name of Sire _____ NAPHA Reg # _____

Location where flush procedure is performed _____

Date(s) bred _____ Date of Flush _____

An embryo was not recovered was recovered

Number of Oocytes Recovered _____

Number Transferred _____

Number of Embryos Recovered _____

Number Transferred _____

Veterinarian who performed flush/transfer _____

Address _____

Phone _____

Hospital/Univeristy Affiliation _____

The oocyte/embryo was transferred to the recipient mare: non-surgically surgically

The recipient is a mare named _____

Breed _____ Color _____

Markings _____

Signature of Mare Owner(s) _____ Date _____

Signature of Veterinarian Performing E.T. _____

Date _____

There is no charge to file this report, but this Report must be filed by January 10th of the year following the flushing which it documents. File one form for each embryo transferred. Fine for late filing: \$ 50