



UNITED STATES LIPIZZAN REGISTRY

IMPLANTED EMBRYO PERMIT

Name of Donor Mare: _____

USLR Registration No.: _____ USLR Genetic ID No.: _____

Name of Sire: _____

USLR Registration No.: _____ USLR Genetic ID No.: _____

Donor Mare Owner and Address: _____

Donor Mare Owner Acknowledgement: I acknowledge that the breeding will be by Implanted Embryo Procedure.

_____ Donor Mare Owner Signature

Name of Recipient Mare: _____

Breed of Recipient Mare: _____

Name of Recipient Mare Owner: _____

I understand that the recipient mare must be genetically typed by a USLR approved laboratory and that those markers be entered into said database.

Recipient Mare Owner Signature: _____

Veterinary's Statement: On _____, the above named recipient
(date)
mare was implanted with a donor embryo from the donor mare and sire named above.

_____ Veterinary's signature

Name: _____

Address: _____

Phone: _____

Final Copy Distribution: Veterinary, please return signed copy to donor mare owner. Original completed copy must be sent to the USLR Office at 8484 O'Hare Rd., Las Vegas, NV 89143. Copies should be provided to sire and recipient mare owners by donor mare owner. Stallion owner must submit year end Stallion Report noting the IE breeding of the donor mare.