



## EMBRYO TRANSFER APPLICATION FORM

Thank you for your interest in the Embryo Transfer (ET) program at the Agnes Banks Equine Clinic. The success of our Embryo Transfer Program is based on understanding client needs so that we can organise clinic resources for the best outcome possible. Due to the growing interest in embryo transfer services and high demand for advanced breeding procedures, we would like to plan for client needs as early as possible. In the interests of always improving our embryo transfer service we would appreciate the following information.

### Owner Information

Owner's name: ..... Phone (home): .....  
Address: ..... Phone (work): .....  
State: ..... Postcode: ..... Phone (mobile): .....  
Email: .....

### Credit card details:

Mastercard Name on card: .....  
 Visa Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Exp: ..... / ..... CCV: .....  
 American Express  
 Diners Club Signature: .....

### Mare Information:

Name of mare: ..... Pet Name of mare: .....  
Breed: ..... Colour: .....  
Age: ..... Brands: n/s ..... o/s ..... Microchip #: .....

### Stallion Information:

Name of Stallion to be used: ..... Breed: .....  
Type of Semen to be Used:  Fresh  Chilled  Frozen Has supplier authorised the use of the Semen:  YES  NO  
Name of Semen Supplier: ..... Contact: .....

### Veterinarian Information: (if not from ABEC)

Vet Used to prepare the Mare: ..... Contact: .....  
Vet Clinic used to prepare the Mare: ..... Preferred Breeding Month: .....

Completion of this form is not a confirmation that we will be able to guarantee the inclusion of your mare in the ET Program. Thank you for your interest and we will contact you shortly.

**Note: Accounts are to be settled on collection of the mare.**

Agnes Banks Equine Clinic  
5 Price Lane Agnes Banks NSW 2753