



BAPS vzw / SBCA asbl



World Arabian Horse Organization

## REQUEST EMBRYOTRANSPLANT

M./Mw. (name): .....  
Address (street): ..... (nr): ..... in .....

asks authorization from BAPS npo to execute an embryo transplant, in accordance with the following information:

### I. DONORMARE

Name: ..... Breed: ..... BAPS-No .: .....  
Father: ..... Mother: .....  
Blood typing dated: ..... Laboratory: .....  
DNA typing dated: ..... Laboratory: .....

### II. STALLION

Name: ..... Breed: ..... BAPS-No .: .....  
Father: ..... Mother: .....  
Blood typing dated: ..... Laboratory: .....  
DNA typing dated: ..... Laboratory: .....

### III. EMBRYO TRANSPLANT CENTER

Name: .....  
Address: .....

Date:.....

Signature:

.....