

APPLICATION FOR ET AUTHORIZATION

American Angus Association, 3201 Frederick Avenue, Saint Joseph, Missouri 64506
(816) 383-5100 ■ Fax: (816) 233-9703 ■ www.angus.org

ET AUTHORIZATION

Owner of Donor Dam's Member Code _____

Name of Donor _____ Registration _____

Name of Sire _____ Registration _____

AI Service Natural ET Removal Date (mo/date/yr) _____

Total Number of Embryos _____ Invitro Split Embryo

TRANSFER OF EMBRYO AUTHORIZATIONS

Transfer to Customer _____ Member Code _____

Number of Embryos _____

Transfer to Customer _____ Member Code _____

Number of Embryos _____

Transfer to Customer _____ Member Code _____

Number of Embryos _____

TRANSFER OF EMBRYO AUTHORIZATION ALREADY IMPLANTED IN RECIPIENT COW

Transfer to Customer _____ Member Code _____

Confirmed Pregnancy

Bull Cow Unknown Implant Date (mo/date/yr) _____

Recipient Cow

Registered Angus Cow # _____

Other, Cow ID _____

I (We) hereby certify the above information is correct; that the ownership provisions of Rule 501 governing artificial insemination (if applicable); and that provisions covered in Rule 104(d) governing embryo transplant registration requirements have been complied with.

Authorized Personal Signature on Membership

X _____ Member Code _____

Address _____

City _____ State _____ Zip _____