

KyQHA BIF Embryo Transfer Pregnancy Declaration Form



Step #1 Identify the donor mare, stallion and describe the recipient mare you are reporting: Donor Mare's Name Registration Number Breeding year Donor Mare Owner/Agent's Name (Please Print) Phone Number of Owner/Agent Stallion's Name Registration Number Recipient Mare Description (Name, color, markings) Read each declaration below and check the box to indicate the statement is true. Step #2 ☐ The below indicated licensed Kentucky veterinarian performed the embryo transfer (ET) procedure. Print Veterinarian's Name:_____ KY License #: Veterinary Practice Name: Address: _____ Zip Code: City: Phone Number(s): ☐ All ETs were performed within the borders of the state of Kentucky. ☐ After appropriate veterinary/client consultation, the above indicated recipient mare is being declared as PREGNANT during this 42 – 60 day pregnancy test as required by the KyQHA BIF as carrying the pregnancy of the donor mare and the KyQHA BIF eligible offspring. ☐ The veterinary practice conducting the embryo transfer confirms this recipient mare is implanted with an ISO/ANSI compatible RFID electronic identification microchip (11784/85, 134.2 kHz). Declared Microchip #:_____ ☐ A Federal EIA Test was conducted at the time of the 42 – 60 day pregnancy test. Included on the EIA Test is the Electronic I.D. No. of the recipient mare. I am aware this EIA Test is required regardless of the date of any earlier EIA test. Lab Accession #:

Attach a check payable to: KyQHA

Signature of Veterinarian

Step #3

Mail to: PO Box 85, KY 40018-0085

Scan and email to: info2@kyqha.com
Fax Toll Free to: (888) 641-3944
Call Toll Free with your questions to: (888) 367-5742