

	<p><b>AMERICAN SOUTHDOWN SHEEP ASSOCIATION</b>  P.O. Box 556  Otterbein, IN 47970  office (765) 237-2576  <a href="mailto:ann@southdownsheep.org">ann@southdownsheep.org</a></p>
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## EMBRYO TRANSFER DECLARATION

I hereby certify that ewe \_\_\_\_\_, registration number \_\_\_\_\_ was  
*(flock name & number)*

flushed on \_\_\_\_\_ and \_\_\_\_\_ eggs were recovered and bred to ram  
*(date-mmddyy) (number)*

\_\_\_\_\_, registration number \_\_\_\_\_. Recipient ewes  
*(flock name & number)*

were implanted with \_\_\_\_\_ eggs on \_\_\_\_\_.  
*(number) (date-mmddyy)*

\_\_\_\_\_ eggs were frozen for later use or sale.

Owner of ewe at time of service \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*

Owner of ram/semen at the time of service \_\_\_\_\_ Date: \_\_\_\_\_  
*(circle one) (signature)*

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For internal use only.**

**Form #** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Approval:** Exe. Sec.. ASBA



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**TRANSFER OF EMBRYO OWNERSHIP CERTIFICATE**

**THIS FORM MUST ACCOMPANY REGISTRATION APPLICATION**

I hereby certify that \_\_\_\_\_ of Fresh/Implanted or \_\_\_\_\_ Frozen embryos from:  
(number) (number)

Ewe \_\_\_\_\_, registration number \_\_\_\_\_  
(flock name & number) (number)

Ram \_\_\_\_\_, registration number \_\_\_\_\_. Were sold to  
(flock name & number) (number)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Sale: \_\_\_\_\_ Date of Implantation (if applicable): \_\_\_\_\_

Seller: \_\_\_\_\_

Seller Signature: \_\_\_\_\_

**\*\* Note: If this is a resale of embryos previously purchased, then the form # \_\_\_\_\_  
from the previous sale should be obtained from the ASBA office.**

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