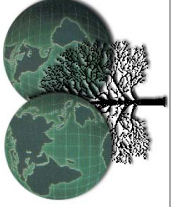


# Pedigree International Embryo Flush / Transfer Data



**Pedigree International**  
3326 South First Road  
Humansville, MO 65674 | 417 327-2774

Breeder Name: \_\_\_\_\_ Breeder Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Breeder Phone Number: \_\_\_\_\_ Breeder e-mail address: \_\_\_\_\_ Breeder Herd Number: \_\_\_\_\_ Breeder Herd prefix: \_\_\_\_\_

Buck Ear Tag #	Registration Number	Donor Doe Ear Tag #	Registration Number	Breeding Date	Flush Date	# Embryos collected	# Embryos implanted	# Embryos frozen

Recip. Doe Ear Tag #	# Embryos implanted	Date	Sonogrammed Date	Result? (Y/N) (Tech. initials)	Sold? (Y/N)	Buyer Information: Name	Address	City	State	Zip
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Breeder Sire Service Declaration:**  
I, \_\_\_\_\_ Breeder Name \_\_\_\_\_ Farm Name \_\_\_\_\_ Breeder Herd Number \_\_\_\_\_ Breeder Herd prefix \_\_\_\_\_  
Of \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
certify that the above listed buck was bred to the above listed donor doe and any offspring from recipient does identified on this form may be registered with AKGA, pending DNA percentage verification  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Embryo Recovery / Transfer Declaration:**  
I, \_\_\_\_\_ Veterinarian Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Of \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
certify that on the above listed date, I recovered \_\_\_\_\_ embryos from the above listed donor doe which were transferred into the recipient females shown and \_\_\_\_\_ embryos were frozen.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sonogram Technician Declaration:**  
I, \_\_\_\_\_ Sonogram Technician Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Of \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
certify that on the above listed date, I sonogrammed the above listed recipient does and recorded the results.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For Registrar's use only**

Registration numbers \_\_\_\_\_

DNA:Buck \_\_\_\_\_

DNA:Donor Doe \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

DNA: recip. offspring \_\_\_\_\_

Signatures \_\_\_\_\_

Signatures \_\_\_\_\_

Signatures \_\_\_\_\_