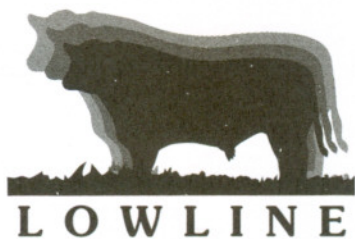


# AUSTRALIAN LOWLINE CATTLE ASSOCIATION Inc.

C/- ABRI, University of New England  
ARMIDALE NSW 2351

Phone: (02) 6773 2393; Fax: (02) 6772 1943



Form No. 2779

## EMBRYO TRANSFER AND REGISTRATION FORM

(For All Frozen, Fresh and Split Embryos)

APPLICANT NAME: ..... HERD TATTOO

(Breeder or Importer)

DONOR DAM NAME: ..... REGISTRATION No.

TATTOO: ..... DNA CASE No.

SIRE NAME: ..... REGISTRATION No.

TATTOO: ..... DNA CASE No.

Donor Fertilised by: Artificial Insemination (AI)  or Natural  (please tick box)

Mating Date: / / Flush Date: / / Total Embryos Produced: .....

Embryo No.	Grade: 1, 2, 3	Sexed Y/N	Split Y/N	Frozen = F	Transferred = T	Recipients (if applicable)			PTIC Y/N	Date Tested
						Breed Type	Year of Birth	Ear Tag No.		

Breeder/Owner Signature: ..... Date: .....

Please forward complete form and Veterinarian Certificate to ALCA within 120 days of flush together with the appropriate fee