



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations
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FORM LR 285B

NOTIFICATION OF EMBRYO TRANSFER (SEASON 2011/2012)

IMPORTANT INFORMATION

1. This form is to be completed and returned to RWVA **prior** to the procedure of Embryo Transfer taking place, Rule LR 285A (10). **Failure to comply will result in the refusal to register any resulting foal.**
2. Please note the amendment to the definition of "**Breeder**" for an Embryo Transfer foal as defined by the RWVA Rules of Harness Racing. The official and recognised "**Breeder**" of an Embryo Transfer foal will be the registered owner/s or lessee/s of the donor mare the day the Embryo is flushed. This Rule is policed and the late lodgement of Transfer of Ownership or Broodmare Leases for mares that have undergone this procedure will not be accepted.
3. The **donor mare will need to be DNA Genotyped before the commencement of the procedure.** Please contact the above number for a DNA Kit and the fee involved (Rule 287 (1)). The resultant progeny from an Embryo Transfer procedure **MUST** have DNA Parentage Verification approval before registration is finalised, Rule 287 (2).
4. Only a registered and licensed Veterinary Surgeon registered with RWVA may perform the procedure of Embryo Transfer on a Standardbred Mare in Western Australia, Rule 290.
5. A mare that has not attained the age of 2 years cannot be used as a donor for an embryo transfer procedure, Rule LR 285 (11).
6. A donor mare which has been used for an embryo transfer procedure resulting in a successful pregnancy in any country shall not be used for a subsequent embryo transfer procedure in the same breeding season, nor be permitted to be bred naturally to produce in the same breeding season, Rule LR 285 (12).
7. In a breeding season only 1 fertilised ovum may be transferred from the donor mare to a recipient mare at each breeding cycle until a successful pregnancy results, Rule LR 285 (13).
8. A recipient mare must be of a breed type which in the opinion of the veterinary surgeon is compatible, Rule LR285(14).

Date: ___ / ___ / ___

Licensed Artificial Breeding Station: _____
(Where the Embryo Transfer Procedure is going to be performed)

Name of Licensed Veterinary Surgeon: _____
(Veterinary Surgeon who will perform the procedure)

Stallion Name: _____

Donor Mare's Name: _____

Donor Mare's Brand: _____

POSSIBLE RECIPIENT (1)

Recipient Mare's Name: _____

Recipient Mare's Brand or other ID: _____

POSSIBLE RECIPIENT (2)

Recipient Mare's Name: _____

Recipient Mare's Brand or other ID: _____

POSSIBLE RECIPIENT (3)

Recipient Mare's Name: _____

Recipient Mare's Brand or other ID: _____

Proposed Embryo Transfer Date: ____ / ____ / ____

ACKNOWLEDGMENT OF MARE OWNER(S)

(Name of Owner of Mare)

(Signature of Owner)

(Name of Owner of Mare)

(Signature of Owner)

(Name of Owner of Mare)

(Signature of Owner)

(Name of Owner of Mare)

(Signature of Owner)

(Name of Owner of Mare)

(Signature of Owner)

(Signature of Veterinary Surgeon Performing the Procedure)