



SHIPPED EMBRYO INSTRUCTIONS

For completing

Mare Reservation Fax Form

Section 1. & Section 4. **Breeding Day:** Fax us this information on the first day that the mare is bred with breeding date included. If mare is bred more than one time, please fax us the dates each time. This will give us adequate time to make sure we have a recipient mare lined up for your embryo.

Section 2. **Ovulation Day:** Fax us another copy of this information the day your mare ovulates with ovulation date and flush date included. If your mare ovulates more than one follicle, please include the number of follicles ovulated so we can have multiple recipient mares lined up in case you retrieve more than one embryo.

Section 3. **Flush Day:** Fax us this form for the final time indicating the flush results and shipping information if applicable. If you ship via commercial airlines, the name of the airline, flight number and arrival time are necessary so we can arrange for pickup at the airport in Amarillo, Texas.

PLEASE put a copy of the completed Mare Reservation Fax Form in the equitainer for each embryo shipped. Clearly label each tube so we have no questions who the embryo belongs to and who the donor mare and stud is.

Since we receive numerous embryos from many places, all of this information is vital.

We must have adequate notification and time to ensure you have a recipient mare for each embryo.

YOUR COOPERATION IS GREATLY APPRECIATED!!

Timber Creek Veterinary Hospital

Phone 806-488-2321

Fax 806-488-2305

MARE RESERVATION FAX FORM

This form must be faxed on breeding day, ovulation day & flush day

FAX TO: 806-488-2305

Shipper (Name of person/company faxing form): _____

Contact Phone #: _____ Fax #: _____

1. MARE OWNER: _____

MARE'S NAME: _____

STALLION BRED TO: _____

DATE(S) MARE BRED: _____

2. DATE MARE OVULATED: _____ # of Follicles ovulated _____

FLUSH DATE: _____

3. RESULTS OF FLUSH: Negative Positive (If positive complete the next line)

(Circle One)

CLEAN or DIRTY FLUSH Age of Embryo: Day _____ Grade: _____

(Circle One)

SHIPPING VIA: (NO UPS SHIPMENTS PLEASE)

FedEx Tracking # _____

AIRLINE _____ FLIGHT # _____ Arrival Time: _____

4. BILLING/PAYMENT INFORMATION:

The \$500.00 Embryo Transfer fee must be paid prior to transfer of the embryo at our facility or a check must be sent along with the embryo in the equitainer. Please complete the following section regarding this payment.

Visa/MasterCard/Discover Card # _____ expires _____

(Circle One)

Name on Card _____ Signature _____

[] Check is or will be enclosed in equitainer Check # _____

[] Previous billing arrangements have been made with TCVH by mare owner or shipper

Name of person responsible for future bills: _____

Address: _____

City/State/Zip: _____

Phone # : _____ Fax # : _____ E-mail: _____