

**INTERNATIONAL ALPACA REGISTER**  
**FORM A5**  
**EMBRYO TRANSFER REGISTRATION**

Mail this to:  
 Alpaca Association New Zealand  
 P.O. Box 5348  
 Upper Riccarton  
 CHRISTCHURCH

ALPACA ASSOCIATION  
 NEW ZEALAND



**EMBRYO DAM AND SIRE**

Dam Owner Name \_\_\_\_\_ Herd Prefix \_\_\_\_\_ Herd Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 Donor Herd Prefix & Name \_\_\_\_\_ Donor Ident Number \_\_\_\_\_ Donor IAR Number \_\_\_\_\_  
 Sire Herd Prefix & Name \_\_\_\_\_ Sire Ident Number \_\_\_\_\_ Sire IAR Number \_\_\_\_\_  
 Mating Date \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Owner \_\_\_\_\_

NOTE: Both the Sire and Donor Dam must have a DNA type recorded for the embryos to be recorded. For each Sire and Donor Dam combination a new form must be completed.

**EMBRYO TRANSFER** IMPLANT DATE \_\_\_\_\_ FRESH/FROZEN \_\_\_\_\_

| Embryo Number | Recipient |            | Implanted = R<br>Frozen = F | Straw Number | Comments |
|---------------|-----------|------------|-----------------------------|--------------|----------|
|               | Name      | IAR Number |                             |              |          |
| 1             |           |            |                             |              |          |
| 2             |           |            |                             |              |          |
| 3             |           |            |                             |              |          |
| 4             |           |            |                             |              |          |
| 5             |           |            |                             |              |          |
| 6             |           |            |                             |              |          |
| 7             |           |            |                             |              |          |
| 8             |           |            |                             |              |          |
| 9             |           |            |                             |              |          |
| 10            |           |            |                             |              |          |

| Flush Date | Number Collected | Number Transferred | Number Frozen |
|------------|------------------|--------------------|---------------|
|            |                  |                    |               |

I, the undersigned, hereby certify that all information under EMBRYO TRANSFER as shown above is correct.

Name of ET Practitioner \_\_\_\_\_ Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Signature of ET Practitioner \_\_\_\_\_ Date \_\_\_\_\_