



8300 Cody Dr, Ste A
Lincoln, NE 68512
www.AlpacaInfo.com
phone: (402) 437-8484
fax: (402) 437-8488

Date: _____

EMBRYO TRANSFER REGISTRATION

DONOR DAM

Donor Dam Name: _____ Registry Number: _____

Indicated Dam Owner: _____ Account: _____ Breeder ID: _____

Address: _____

City: _____ State / Province: _____ Zip: _____ Country: _____

Email: _____ Phone: _____

Indicated Dam Owner Signature: _____

SERVICE SIRE

Service Sire Name: _____ Registry Number: _____

Indicated Sire Owner: _____ Account: _____ Breeder ID: _____

Address: _____

City: _____ State / Province: _____ Zip: _____ Country: _____

Email: _____ Phone: _____

Indicated Sire Owner Signature: _____

EMBRYO TRANSFER DETAILS

Implant Date: _____ Fresh / Frozen (circle one)

Recipient Name (optional): _____ Registry Number (optional): _____

Recipient must be an Alpaca and verified by signature.

Signature: _____ Date: _____

INDIVIDUAL RECOVERING/IMPLANTING EMBRYOS

_____ printed name _____ signature Date: _____

Address: _____

City: _____ State / Province: _____ Zip: _____ Country: _____

Email: _____ Phone: _____

.....
Both Donor Dam and Sire must be DNA validated and registered with Alpaca Owners Association, Inc.
Mail this form along with necessary documentation for registry completion to the address above.