



Oldenburg Horse Breeders Society  
A Division of the Oldenburger Pferdezuchtverband e.V.

EMBRYO TRANSFER CERTIFICATE

This is to certify that the Stallion: \_\_\_\_\_  
Reg. # \_\_\_\_\_ was bred to the  
Donor Mare: \_\_\_\_\_ Reg. # \_\_\_\_\_  
via Embryo Transfer into the Recipient Mare: \_\_\_\_\_ Breed &  
Reg. #: \_\_\_\_\_

Owned or Leased by:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Mare Owner:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Recipient Mare Owner:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*VETERINARIAN CERTIFICATION FOR EMBRYO TRANSFER:**  
I hereby certify that the above named 'Donor Mare' was bred by AI with \_\_\_ Frozen  
Semen or \_\_\_ Fresh Semen on \_\_\_\_\_  
(Insemination Dates)

with semen identified by me as being from the above named stallion. I also, hereby  
certify that the above named 'Recipient Mare' was bred via Embryo Transfer  
with an embryo identified by me as being from the above named 'Donor Mare'  
on \_\_\_\_\_  
(Transfer Dates)

\_\_\_\_\_  
(Date) (Signature of Veterinarian and State where licensed)  
\_\_\_\_\_  
(Print Name of Vet) (Clinic Address)

Recipient Mare Foaling Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Color and Markings: \_\_\_\_\_