THE AUSTRALIAN BAZADAIS CATTLE SOCIETY INC.
C/- Agricultural Business Research Institute,
University of New England,
ARMIDALE, NSW 2351
Phone: (02) 6773 2393
Fax: (02) 6772 1943

FORM NO:

EMBRYO REGISTRATION APPLICATION FORM B2

(For All Frozen, Fresh and Split Embryos)

APPLICANT NAME ..... HERD

DONOR DAM ..... IDENT. No.

SIRE ..... IDENT No.

MATING DATE: | | | | TYPE: AI NATURAL

FLUSH DATE: | | | |

No. of EMBRYOS: IMPLANTED: FROZEN:

FROZEN EMBRYOS _____ PEDIGREE and BLOOD TYPE CERTIFICATES to be submitted for DONOR DAM and SIRE (Unless already on A.B.C.S. file)

EMBRYO No.	SPLIT No.	FROZEN STRAW No.	EMBRYO STATUS IMPLANTED = R FROZEN = F	RECIPIENT (If Applicable) TATTOO No.	RECIPIENT BREED CODE

MEMBER'S SIGNATURE ..... DATE .....

Please forward completed Form B2 to the Society within 180 days of flush with appropriate fees.