



Name of Animal Being Registered

AI Breeding Certificate

I hereby certify the following information to be true and correct concerning the Artificial Insemination of the following cow:

Registered Name of Cow

Registered Number

Brand/ID No.

Location of Brand/ID No.

Holding Brand and Location

Name of Certified Sire

Registration No.

Brand/ID No.

A.I. No.

Date of Insemination

Month / Day / Year

Name of Inseminator

Address of Inseminator

City, State, Zip

Signature of Inseminator

Embryo Transfer Certificate

I hereby certify the following information to be true and correct concerning the Embryo Transfer of the following cow:

Registered Name of Cow

Registered Number

Brand/ID No.

Location of Brand/ID No.

Holding Brand and Location

Name of Owner of Cow

Membership Number

Address

Name of Certified Sire

Registration No.

Brand/ID No.

A.I. No.

Month / Day / Year

Name of Transfer Technician

Address of Transfer Technician

Signature of Transfer Technician

MAIL TO:

**P.O. Box 2610
Glen Rose, TX 76043
Phone: (254) 898-0157
Fax: (254) 898-0165**