

A.N.I.C.A.

Associazione Nazionale Italiana Cavallo Arabo

Via delle Basse 1/1 A 43044 Collecchio PR Tel 0521/805250 fax 0521/800212 - segreteria@anicahorse.org**COMMUNICATION OF EMBRYO TRANSFER ACTIVITIES**

To be sent to the ANICA no later than 60 days following the date of implantation of the embryo. Late communications are subject to the payment of the fee of Euro 79.00 (ANICA members) or €169.00 (non-members)

From the owner of the embryo holding the **Embryo Transfer permit no.**

EMBRYO OWNER DATA

| | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|---------|--|--|--|--|--------------|--|--|--|--|---------|--|-----|--|--|
| Surname | | | | | | | | | | Name | | | | | | | | | |
| Stud Name | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | n | | Zip | | |
| Venue | | | | | | | | | | | | | | | Country | | | | |
| Fiscal code | | | | | | | | | | | | | | | | | | | |
| VAT code | | | | | | | | | | | | | | | | | | | |
| Unique code | | | | | | | | | | Pec: _____ @ | | | | | | | | | |
| Email | | | | | _____ @ | | | | | | | | | | | | | | |
| phone | | | | | | | | | | | | | | | | | | | |

DECLARATION OF EMBRYO TRANSFER ACTIVITY

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|----------------|--|--|--|--|------|--|-------|--|--|---|--|--|--|--|
| Info of Veterinarian who carried out the collection and implantation of the fresh embryo or the implantation of the frozen embryo | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | Name | | | | | | | | | |
| Fiscal Code (of the Vet) | | | | | | | | | | | | | | | | | | | |
| DONOR MARE name | | | | | | | | | | | | | | | | | | | |
| Transponder | | | | | | | | | | | | UELN | | | | | | | |
| STALLION name | | | | | | | | | | | | | | | | | | | |
| Transponder | | | | | | | | | | | | UELN | | | | | | | |
| RECIPIENT MARE name | | | | | | | | | | | | | | | | | | | |
| Transponder (mandatory) | | | | | | | | | | | | breed | | | | | | | |
| Donor mare covering date | | | | | Day/month/year | | | | | | | | | | | | | | |
| Date of embryo esplantation | | | | | Day/month/year | | | | | | | | | | | | | | |
| Date of Embryo implantation | | | | | Day/month/year | | | | | | | | | | Is this a frozen Embryo ? Yes <input type="checkbox"/> no <input type="checkbox"/> | | | | |

The owner of the embryo and the veterinarian indicated above declare that the breeding reported in this form and the subsequent explantation and implantation of the embryo were carried out in compliance with the WAHO regulation which prohibits in vitro insemination; the declarants are aware that it will not be possible to register foals born from “**OVUM PICK-UP**” at ANICA

I declare pursuant to the provisions of the articles. 46 and 47 of Presidential Decree 28/12/2000 No. 445 that what is signed in this declaration and in the related annexes corresponds to the truth, aware of the criminal sanctions provided for, in the event of false declarations, by the art. 76 of the Presidential Decree. No. 445/2000

| Datae | Veterinary signature and stamp | Extended and legible signature of the owner |
|-------|--------------------------------|---|
| | | |

Pursuant to EU Regulation 2016/679, ANICA informs that the data communicated above will be processed and used for the performance of institutional tasks related to the identification and registration of the horse, as well as provided to public or private entities, responsible for carrying out, on behalf of the Association, activities functional to the performance of these tasks.