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TRANSFER OF OWNERSHIP - FRESH EMBRYO TRANSPLANT

Donor Dam: Registration Number		Tattoo	Tattoo	
Name				
Sire: Registration Number		Tattoo		
Name				
Flush Date:		Transplant Date:		
This transfer is for:	(check one)			
	Fresh embryo only Breed:			
	Embryo & Recipient Cow Tattoo/Ear Tag			
	Frozen Embryo & Recipient Co	ow Color:		
Buyer: Name				
Address				
City	State	Zip Code	Phone #	
NALF Membership #				
Signed	d by owner of donor dam, in case o	f partnership, signature mu	st be primary signor:	
Seller:				
Name		Signature		
Address				
City	State	Zip Code	Phone #	
NALF Membership #				
Bill the above transfer t	0:(indicate membership name and n	umber\		