



American Bashkir Curly Registry

71 Cavalier Blvd, #124 • Florence, Kentucky, USA 41042
Phone: 859-485-9700 • Fax 859-485-9777
www.abcregistry.org

Applicant Info

Name of Donor Mare: _____

Registration Number: _____ For breeding year: 20_____

Owner of Donor Mare: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Phone: _____

Email Address: _____

Breeders License Number (if applicable): _____

☐ Check here if you intend to transport the embryo in accordance with Section 1(f) of the ABCR Official Rules and Regulations Embryo Transfer.

Agreement:

I hereby acknowledge that I have read and agree to comply with and follow the Registry's Rules and Regulations pertaining to embryo transfer. I also understand that the Registry will investigate non-compliance with these Rules and Regulations and, in the event of such non-compliance, any resultant foals may be ineligible for registration.

Signature of mare owner: _____ date: _____

Parentage Info:

Stallion's Name: _____

Registration Number: _____

Stallion Owner: _____

Address: _____

Phone: _____

Breeder's License Number: _____ (if applicable)



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Lessee Info

Name of Donor Mare: _____

Registration Number: _____ For breeding year: 20_____

Lessee of Donor Mare: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Phone: _____

Email Address: _____

Breeders License Number (if applicable): _____

☐ Check here if you intend to transport the embryo in accordance with Section 1(f) of the ABCR Official Rules and Regulations Embryo Transfer.

Agreement:

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Signature of lessee donor mare: _____

date: _____