Murray Grey
BEEF CATTLE SOCIETY
ABN 98 083 111 406

PO Box 1776, Armidale. NSW 2350
PH: 02 – 6771 5151
Fax: 02 – 6771 5144
Email: officemanager@murraygrey.com.au
Website: www.murraygrey.com.au

FORM ET2
IMPLANT OF FROZEN EMBRYOS

If details of the flush which produced these embryos have not been reported to MGBCS, please attach a completed ET1 form for the flush.

BREEDER NAME: _____ HERD ID: _____

DONOR DAM NAME: _____ IDENT: _____

SIRE OF EMBRYOS: _____ IDENT: _____

FLUSH NUMBER: _____ FLUSH DATE: _____

NUMBER IMPLANTED: _____ IMPLANT DATE: _____

EMBRYO NO	RECIPIENT EAR TAG eg; ABC Y54	RECIPIENT IDENTIFICATION eg; ABC Y54	RECIP BREED CODE	RECIP YEAR OF BIRTH

Name of Practitioner: _____

I certify that all information as shown above, is correct;

Member's Name (please print): _____ Herd Id: _____

Member's Signature: _____ Date: _____