

FORM ET1

MURRAY GREY EMBRYO FLUSH REPORT

BREEDER NAME: _____ HERD ID: _____

DONOR DAM NAME: _____ IDENT: _____

SIRE NAME: _____ IDENT: _____

FLUSH NUMBER: _____ FLUSH DATE: _____

TOTAL COLLECTED: _____ NO. IMPLANTED _____ IMPLANT DATE: _____ NO FROZEN _____

EMBRYO NO.	EMBRYO STATUS IMPLANTED = I FROZEN = F	RECIPIENT EAR TAG eg ABC Z59	RECIPIENT IDENTIFICATION Rebecca Jane	RECIP. BREED CODE	RECIP. YEAR OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Name of Practitioner: _____

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

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

Member's Signature: _____ Date: _____

This form, completed in detail, is to be forwarded to MGBCS within 120 days of flush.

NB: Breed codes can be found in the back of your MGBCS Regulations

