



C/- ABRI, UNE Armidale NSW 2351
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 Website: www.murraygrey.com.au

FORM ET1 - MURRAY GREY EMBRYO FLUSH REPORT

BREEDER NAME: _____ HERD ID: _____

DONOR DAM NAME: _____ IDENT: _____

SIRE NAME: _____ IDENT: _____

MATING DATE: _____ FLUSH DATE: _____

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

Both Sire and Donor Dam must have a DNA type recorded with the MGBCS for the embryos to be recorded.

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



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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 NAME: _____ IDENT: _____

FLUSH NUMBER: _____ FLUSH DATE: _____

NUMBER IMPLANTED: _____ IMPLANT DATE: _____

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: _____



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**FORM ET3 -
 MURRAY GREY EMBRYO TRANSFER REPORT**

I certify that I have disposed of embryo(s) as described below to:

_____ (NAME)

_____ (ADDRESS)

Herd Ident: _____ Stud Name: _____

and that ownership passed on the: _____ (DATE)

EMBRYO DETAILS

EMBRYO NO.	DAM IDENT	SIRE IDENT	STATUS FROZEN (F) IMPLANTED (I)	RECIP. IDENT	RECIP. YEAR OF BIRTH

Signature of Transferor: _____ Date: _____

Address: _____

Herd Prefix: _____ Stud Name: _____