



P.O. Box 4430 • Fort Worth, Texas 76164  
(817) 625-6241

## AI BREEDING CERTIFICATE

I hereby certify the following facts to be true and correct concerning the  
 Artificial Insemination     Embryo Transfer of the cow described:

1. \_\_\_\_\_  
REGISTERED NAME OF COW

TLBAA No. \_\_\_\_\_ P.H. No. \_\_\_\_\_ Location of P.H. No. \_\_\_\_\_

Holding Brand \_\_\_\_\_ Location of Brand \_\_\_\_\_

\_\_\_\_\_  
REGISTERED NAME OF CERTIFIED SIRE

TLBAA No. \_\_\_\_\_ A.I. No. \_\_\_\_\_ P.H. No. \_\_\_\_\_

2. Date of Insemination:    Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

\_\_\_\_\_  
NAME OF INSEMINATOR

\_\_\_\_\_  
ADDRESS OF INSEMINATOR

\_\_\_\_\_  
SIGNATURE OF INSEMINATOR

WHITE-OFFICE COPY

YELLOW-BREEDER COPY

PINK-NEW OWNER COPY

## EMBRYO TRANSFER CERTIFICATE

3. \_\_\_\_\_  
REGISTERED NAME OF COW

TLBAA No. \_\_\_\_\_ P.H. No. \_\_\_\_\_ Location of P.H. No. \_\_\_\_\_

Holding Brand \_\_\_\_\_ Location of Brand \_\_\_\_\_

\_\_\_\_\_  
NAME OF OWNER OF COW

\_\_\_\_\_  
MEMBERSHIP NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
REGISTERED NAME OF CERTIFIED SIRE

TLBAA No. \_\_\_\_\_ A.I. No. \_\_\_\_\_ P.H. No. \_\_\_\_\_

4. Date of Embryo Transfer:    Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

\_\_\_\_\_  
NAME OF TRANSFER TECHNICIAN

\_\_\_\_\_  
ADDRESS OF TRANSFER TECHNICIAN

\_\_\_\_\_  
SIGNATURE OF TRANSFER TECHNICIAN

5. If Embryo Transfer is a result of natural service, please complete the following:

\_\_\_\_\_  
NAME OF OWNER OF SIRE

\_\_\_\_\_  
MEMBERSHIP NO.

\_\_\_\_\_  
ADDRESS OF OWNER OF SIRE

\_\_\_\_\_  
SIGNATURE OF OWNER OF SIRE