



8300 Cody Dr, Ste A  
Lincoln, NE 68512  
www.AlpacaInfo.com  
phone: (402) 437-8484  
fax: (402) 437-8488

# CERTIFICATE OF EMBRYO RECOVERY

Breed: \_\_\_\_\_

## DONOR DAM

Donor Dam Name: \_\_\_\_\_ Registry Number: \_\_\_\_\_

Indicated Dam Owner: \_\_\_\_\_ Account: \_\_\_\_\_ Breeder ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SERVICE SIRE

Service Sire Name: \_\_\_\_\_ Registry Number: \_\_\_\_\_

Indicated Sire Owner: \_\_\_\_\_ Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMBRYO INFORMATION

Breeding Date: \_\_\_\_\_ Recovery Date: \_\_\_\_\_

# Recovered: \_\_\_\_\_ # Transferred: \_\_\_\_\_ # Frozen: \_\_\_\_\_

## INDIVIDUAL RECOVERING EMBRYOS

\_\_\_\_\_ Date: \_\_\_\_\_  
printed name signature

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Both Donor Dam and Sire must be DNA validated and registered with Alpaca Owners Association, Inc.  
Mail this form along with necessary documentation for registry completion to the address above.