

SCHEDULE 8

Regulation 15(4)

Bovine embryo transfer

FORM OF CERTIFICATE

Serial No.....

1. Registration number of the nominated embryo transplantation team . . . . .

2. Name and address of the owner of the animals identified in the attached Annex

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.....

3. I hereby certify that the animal(s) identified in the attached annex was/were examined by me on (date) . . . . . at (address of premises)

.....  
.....  
.....

and

- (a) showed no clinical sign of disease;
- (b) showed no significant abnormalities of the reproductive tract(s) or birth canal(s); and
- (c) were in appropriate bodily condition and of a suitable size and conformation to receive the intended embryo(s) as specified in the attached Annex.

4. On the basis of the above examination, I am of the opinion that the animal(s) is/are suitable to receive the embryo(s). I know of no reason existing at the time of my examination which would cause me to believe that the animal(s) would not be able to carry to term a normal calf of the breed and type specified and to calve naturally.

Signed . . . . . RCVS

Name (Block Capitals) . . . . .

Date . . . . .

Name of Practice . . . . .

Address of Practice . . . . .

.....  
.....

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

ANNEX

	<i>Recipient Identification (Ear Tag No)</i>	<i>Recipient Breed and Type</i>	<i>Breed and Type of Intended Embryo(s)</i>
1			
2			
3			
4			
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12			

This Annex is provided in respect of the certificate, Serial No ..... as laid down in Schedule 8 to the Bovine Embryo Collection, Production and Transplantation Regulations (Northern Ireland) 1996.

Signed..... RCVS

Name..... (Block Capitals)

Date .....

**NOTE:** The examining Veterinary Surgeon is required to sign immediately beneath the last entry on the above Annex