

Status: This is the original version (as it was originally made).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

SCHEDULE 8

Regulation 21

FORM OF CERTIFICATE BOVINE EMBRYO TRANSFER

Breed and type of bovine embryo(s).....

Registration number of collection team.....

1. I hereby certify that the animal(s) identified in the schedule overleaf was/were clinically examined by me on (date)..... at (address of premises)

2. I found the animal(s) to be in good health.

3. I was unable to detect any significant abnormalities of the reproductive tract(s) or birth canal(s).

4. I found the animal(s) to be in appropriate bodily condition and of a suitable size and conformation to receive the intended embryo(s).

5. 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

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<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		
5		
6		
7		
8		
9		
10		
11		
12		

The examining Veterinary Surgeon is required to sign immediately beneath the last entry on the above schedule.