

**APPLICATION FOR EMBRYO TRANSFER DONOR COW PERMIT**

Application is hereby made for an Embryo Transfer Donor Cow Permit for the female identified below. This permit must be completed before calves, produced by embryo transfer, will be registered by the UBB. **This permit application must be accompanied by payment of \$60 to the UBB.** This \$60 payment includes the cost of DNA Typing. The permit will not be issued until the UBB office is notified by Neogen that this female has a DNA Type on file.

Name of Cow	I.D. Number	I.D. Type & Location	Registration Number

By making this application, I hereby recognize that DNA Typing is a valid tool in parentage determination. I hereby agree to provide the United Braford Breeders, Inc., DNA samples upon request for determination of parentage of any of my cattle produced naturally or by artificial insemination or by embryo transfer. I also agree to use my best efforts upon request to secure DNA samples from any other person now owning cattle whose records are necessary for parentage checks of my cattle.

I also hereby authorize DNA comparisons to determine compatibility on any samples forwarded to the lab from my herd with sires and/or dams for which DNA Types have been previously recorded or with DNA Types of other sires or dams which the laboratory determines are relevant on questions of parentage determination.

In recognizing the validity of DNA Typing for parentage determination, I also agree to hold UBB its officers and directors, employees, and Neogen and its employees, harmless from any liability or actions taken as a result of findings based upon analysis of the samples submitted and analyzed.

I hereby certify that I am duly authorized to make this application on the above described female and that the DNA samples will be handled in accordance with the instructions issued by the United Braford Breeders, Inc.

Owner Name: \_\_\_\_\_ UBB #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If more than one owner, each owner must sign*

Additional Owner Name: \_\_\_\_\_ UBB #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Owner Name: \_\_\_\_\_ UBB #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return signed and completed form along with payment to:**

United Braford Breeders  
 PO Box 1177  
 Kingsville, Texas 78364  
 records@brafords.org  
 361.592.8572 (fax)