

# Donor Arrival Form

ET                  IVF                  Recip.                  AI



## Owner/Billing Information

Owners Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Partnership Account: Yes or No      *Note: Partnership accounts invoiced to multiple accounts will be assessed a fee of \$25.00 per month, per partner. Please list partner information under special instructions.*

## Donor Information

Donor Registration Name: \_\_\_\_\_

Ear Tag: \_\_\_\_\_ Registration #: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB: \_\_\_\_\_ Pregnant: Yes or No      Last Heat Date: \_\_\_\_\_ Calving Date: \_\_\_\_\_

Calf: Yes or No                  Calf ID#: \_\_\_\_\_                  Bull or Heifer

Calf CD&T? Yes or No                  Calf on creep feed? Yes or No

## Flush Information

Has donor been flushed before? Yes or No                  Records: Yes or No

Sire Choices: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

FOR IVF ONLY:      RS-Female                  RS-Male                  Conventional

## Special Instructions (embryo packaging) or Comments:

\_\_\_\_\_  
\_\_\_\_\_

**\*Form must be returned prior to or at donor arrival\***

**\*Pickup needs 24 hour notice or fees will apply\***

### FOR OFFICE USE ONLY

Date Arrived: \_\_\_\_\_ Checked In By: \_\_\_\_\_ Logged In By: \_\_\_\_\_

Donor Weight @ Check In: \_\_\_\_\_ Calf Weight @ Check In: \_\_\_\_\_

Donor Weight @ Check Out: \_\_\_\_\_ Calf Weight @ Check Out: \_\_\_\_\_

Ultrasound: \_\_\_\_\_ Semen Location: \_\_\_\_\_