

Animal Services Division Animal Health Program PO Box 42560 Olympia WA 98504-2560 (360) 902-1878

## **Application for Equine Semen/Embryo Import Permit**

I hereby apply for an annual equine semen/embryo import permit to ship embryos, fresh, cooled or frozen equine semen into Washington state. I understand that this permit expires on December 31st of the calendar year in which it was issued and is specifically for the stallion listed below. Each individual stallion shall be represented on one semen/embryo permit application and will be assigned his own individual permit number. I understand that this permit does not relate to breed registry requirements for semen or embryos. A legible laboratory photocopy of the stallion's EVA antibody status (within 180 days of shipment) and EIA status (within twelve months) must be attached to this application.

Stallion Information						
Name of Stallion			Drawing of Stallion (substitute for other ID methods)			
Identification: Must provide at least one of the three identification methods. A clear photograph or drawing of horse showing both sides is an acceptable substitute.						
Breed/Color	Reg. No.	Age				
Brand	Tattoo	EID				
Owner Name				Phone		
Address			City		State	Zip
Stable Name			Manager			
Address			City		State	Zip
Phone Number (with area code)			Email			
Owner/Authorized Agent Signature			Signature Date			
Certification						
I hereby certify that the stallion, semen/embryo additives and equipment meet Washington state's semen/embryo import regulations. A copy of this document will accompany each shipment of semen as required by the Washington State animal import regulations.						
Signature	of Accredited Veterinari	d Name of Accredited Veterinarian Date Signed				
Clinic Name			Clinic Phone	Clinic Email		
Clinic Address			City		State	Zip
WSDA Use Only						
Date Permit Issued Permit Number				Expiration Date		
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