



OOCYTE PERMIT APPLICATION

One (1) form must be completed for every Oocyte. This form must be returned to the AQHA and an Oocyte Permit will be forwarded to the Mare Owner.

1. Mare owner:M/Ship #.....
2. Mare owner address:
.....
3. Mare owners phone number:
4. Email:
5. Mares Name:
6. Mares Reg. #
7. Date Oocytes collected:

Mare Owner's Signature:.....

Date:

PAYMENT DETAILS:

Cheque	Made payable to AQHA and posted to: PO Box 979 Tamworth, 2340
Credit Card	Mastercard and Visa card only
Card Name:	_____
Credit Card Number:	_____ / _____ / _____ / _____
Expiry Date:	_____ / _____
Amount:	_____ As per current schedule of fees
Signature of Card Holder:	_____ Date _____
I hereby authorise the AQHA to deduct the above amount plus applicable surcharge from my credit card	

OFFICE USE ONLY: Permit No. issued