

STATE OF NEW MEXICO

OFFICE OF THE STATE VETERINARIAN

New Mexico Livestock Board
300 San Mateo NE, Suite 1000
Albuquerque, New Mexico 87108
(505) 841-6161

APPLICATION FOR EQUINE SEMEN/EMBRYO IMPORT/EXPORT PERMIT

I hereby apply for an annual equine semen/embryo import/export permit to ship embryos, fresh, cooled or frozen equine semen into or out of New Mexico. 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 EAV status (within 180 days of shipment) and EIA status (annual) must be attached to this application.

CERTIFICATION FOR EAV NEGATIVE SEMEN

I hereby certify that the stallion, semen/embryo additives and equipment meet New Mexico's semen/embryo import/export regulations. All tests are performed by a licensed, state/federal accredited veterinarian. A copy of this permit will accompany each shipment of semen as required by the New Mexico Livestock Board, 21.30.7.13 NMAC.

Printed Name of Lic. Accredited Veterinarian Date DVM License

Signature of Licensed Accredited Veterinarian Telephone Number Fax Number

Clinic Name Address/City/State/Zip Code

STALLION INFORMATION

(Please type or print legibly)

Name of Stallion Age Address where stallion is standing

Breed Reg. No. City/State/Zip

Tattoo EID Number Phone Number USDA Premise ID No.

Date of EIA Test (*within 12 months of shipment*) Signature of stallion owner /manager

Date of EVA Test (*within 6 months of shipment*) Date of General Health Status Exam (CVI No.)

Date of EVA vaccination (inc.vaccination certificate)

☺ **STALLIONS WITH EAV POSITIVE SEMEN → MUST COMPLETE PART B OF APPLICATION**

FOR OFFICE USE ONLY

Permit Issued: ___/___/___ PERMIT # _____ Exp. Date: _____

PART B: EAV POSITIVE SEMEN

DESTINATION INFORMATION

VETERINARIAN IN RECEIPT OF SEMEN/EMBRYO

Printed Name of Lic. Accredited Veterinarian

Date

DVM License

Signature of Licensed Accredited Veterinarian

Telephone Number

Fax Number

Clinic Name

Address/City/State/Zip Code

PREMISES INFORMATION

Ranch Name

Ranch Owner

Contact number

Address/Location

Address

City/State/Zip code

City/State/Zip code

Phone number

Cell phone

Ranch Mgr/Contact person

Contact number

NM Master Brand No.

USDA Premise ID Number

Ranch Owner or Manager Signature

OWNER OF MARE(S)

Name of Mare

Age

Owner's name

Breed

Reg. No.

Address

Tattoo

EID Number

City/State/Zip code

EAV Status: Exposure or Vaccinated (give date)

Contact numbers(s)

I understand that the semen or embryos that I am receiving are affected with EAV. I understand that my mare must have been exposed to EAV or have been vaccinated a minimum of 21 days prior to insemination or embryo transfer.

Signature of Mare Owner

Date