



CONTINENTAL DORSET CLUB, INC

Michelle Torrance, Executive Secretary/Treasurer

PO Box 186, Good Hope, IL 61438-0186

Phone: (309) 209-0326

Email: continentaldorset@gmail.com

Website: www.continentaldorsetclub.com

EMBRYO TRANSFER FLUSH FORM

I hereby certify that Dorset ewe _____, Registration number _____
(Flock Name & Number)
_____ was flushed on _____ and _____ eggs
(Date) (Number)
were recovered and bred to Dorset ram _____, Registration number _____
(Flock Name & Number)
_____. Recipient ewes were implanted with _____ eggs on _____
(Number)
_____ and/or _____ eggs were frozen on _____.
(Date) (Number) (Date)

IF APPLICABLE: I hereby sold _____ eggs of this flush to _____
(Number) (Breeder Name)
of _____ on _____.
(City & State) (Date)

Technician Information:

Name: _____ Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Owner of Ewe at time of service: _____ Date: _____

Owner of Ram/Semen at time of service: _____ Date: _____

Mail completed form to the CDC Office at time of embryo collection or sale of embryos. If embryos are sold after the time of flush and a completed flush form is already on file with the CDC office, then the only signature required with that form submission will be the owner of the ewe at time of service as other signatures will already be on file with the CDC office with the original flush form.