



Horse Sport Ireland Embryo Transfer Scheme 2017 Application Form for Mare Owners

Please note that the closing date for receipt of applications is **5.00pm on Thursday 31st August 2017**. Applications will be deemed to be invalid if they are incomplete or do not contain the relevant supporting documentation. Applications must be submitted to Antonette Doran, Horse Sport Ireland, Beech House, Millennium Park, Osberstown, Naas, Co Kildare. Phone. Tel: 045 854508; Email: adoran@horsesportireland.ie.

Before completing this application form please read the Eligibility Criteria (Appendix 1), the Donor Mare Performance and/or Progeny Performance Criteria (Appendix 2) and ensure that you have submitted all of the supporting documentation outlined in the checklist (Appendix 3).

SECTION 1. APPLICANT INFORMATION*

| | | |
|----------------|-----------------|----------------|
| Forename: | Surname: | Mobile Number: |
| Email Address: | Postal Address: | |

*The applicant must be the registered owner of the donor mare(s) subject to this application.

SECTION 2. MARE INFORMATION

A maximum of 4 embryos per owner is applicable to this scheme.

EMBYRO 1

Donor Mare (genetic mother) Details:

| | | |
|---------------------|------------------|----------------|
| Registered Name: | Registration No: | UELN No: |
| Studbook of Origin: | Breed: | Year of Birth: |

Stud Book Pedigree:

| | |
|-------|---------------------|
| Sire: | Parental Grandsire: |
| | Parental Granddam: |
| Dam: | Maternal Grandsire: |
| | Maternal Granddam: |

Performance/Progeny Performance Requirements:

Does the mare meet the Performance/Progeny Performance Requirements outlined in Appendix 2?

YES NO

If YES please outline which of their performances/progeny performances meet the criteria.

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.....

Please attach the relevant documents to support the mare's performance/progeny performance.

Embryo Transfer Details

Veterinary Clinic

| | |
|--|--------------------|
| Name of Veterinary Clinic that carried out the procedure*: | |
| Name of Veterinary Surgeon: | Date of procedure: |

***The clinic must be listed as a designated clinic for this scheme.**

Sire Details

| | |
|--|-------------------------------|
| Name of Stallion Used: | Registration No for Stallion: |
| Studbook of Origin of Stallion : | Breed of Stallion: |
| Name of WBFSH or Pony Studbook where the stallion is approved: | Fresh or Frozen Semen: |

Recipient Mare Details

| | |
|--|----------------------------------|
| Name of Recipient Mare: | Registration Recipient Mare: |
| Studbook of Origin of Recipient Mare : | Year of Birth of Recipient Mare: |
| Supplier of Recipient Mare: | |
| Has the Recipient Mare been DNA typed? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, a DNA sample must be taken by the Designated Clinic. | |

EMBYRO 2

Donor Mare (genetic mother) Details:

| | | |
|---------------------|------------------|----------------|
| Registered Name: | Registration No: | UELN No: |
| Studbook of Origin: | Breed: | Year of Birth: |

Stud Book Pedigree:

| | |
|-------|---------------------|
| Sire: | Parental Grandsire: |
| | Parental Granddam: |
| Dam: | Maternal Grandsire: |
| | Maternal Granddam: |

Performance/Progeny Performance Requirements:

Does the mare meet the Performance/Progeny Performance Requirements outlined in Appendix 2?
YES NO

If YES please outline which of their performances/progeny performances meet the criteria.

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.....

Please attach the relevant documents to support the mare's performance/progeny performance.

Embryo Transfer Details

Veterinary Clinic

| | |
|--|--------------------|
| Name of Veterinary Clinic that carried out the procedure*: | |
| Name of Veterinary Surgeon: | Date of procedure: |

***The clinic must be listed as a designated clinic for this scheme.**

Sire Details

| | |
|--|-------------------------------|
| Name of Stallion Used: | Registration No for Stallion: |
| Studbook of Origin of Stallion : | Breed of Stallion: |
| Name of WBFSH or Pony Studbook where the stallion is approved: | Fresh or Frozen Semen: |

Recipient Mare Details

| | |
|--|----------------------------------|
| Name of Recipient Mare: | Registration Recipient Mare: |
| Studbook of Origin of Recipient Mare : | Year of Birth of Recipient Mare: |
| Supplier of Recipient Mare: | |
| Has the Recipient Mare been DNA typed? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, a DNA sample must be taken by the Designated Clinic. | |

EMBYRO 3

Donor Mare (genetic mother) Details:

| | | |
|---------------------|------------------|----------------|
| Registered Name: | Registration No: | UELN No: |
| Studbook of Origin: | Breed: | Year of Birth: |

Stud Book Pedigree:

| | |
|-------|---------------------|
| Sire: | Parental Grandsire: |
| | Parental Granddam: |
| Dam: | Maternal Grandsire: |
| | Maternal Granddam: |

Performance/Progeny Performance Requirements:

Does the mare meet the Performance/Progeny Performance Requirements outlined in Appendix 2?
YES NO

If YES please outline which of their performances/progeny performances meet the criteria.

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.....

Please attach the relevant documents to support the mare’s performance/progeny performance.

Embryo Transfer Details

Veterinary Clinic

| | |
|--|--------------------|
| Name of Veterinary Clinic that carried out the procedure*: | |
| Name of Veterinary Surgeon: | Date of procedure: |

***The clinic must be listed as a designated clinic for this scheme.**

Sire Details

| | |
|--|-------------------------------|
| Name of Stallion Used: | Registration No for Stallion: |
| Studbook of Origin of Stallion : | Breed of Stallion: |
| Name of WBFSH or Pony Studbook where the stallion is approved: | Fresh or Frozen Semen: |

Recipient Mare Details

| | |
|--|----------------------------------|
| Name of Recipient Mare: | Registration Recipient Mare: |
| Studbook of Origin of Recipient Mare : | Year of Birth of Recipient Mare: |
| Supplier of Recipient Mare: | |
| Has the Recipient Mare been DNA typed? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, a DNA sample must be taken by the Designated Clinic. | |

EMBYRO 4

Donor Mare (genetic mother) Details:

| | | |
|---------------------|------------------|----------------|
| Registered Name: | Registration No: | UELN No: |
| Studbook of Origin: | Breed: | Year of Birth: |

Stud Book Pedigree:

| | |
|-------|---------------------|
| Sire: | Parental Grandsire: |
| | Parental Granddam: |
| Dam: | Maternal Grandsire: |
| | Maternal Granddam: |

Performance/Progeny Performance Requirements:

Does the mare meet the Performance/Progeny Performance Requirements outlined in Appendix 2?
YES NO

If YES please outline which of their performances/progeny performances meet the criteria.

.....

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.....

Please attach the relevant documents to support the mare's performance/progeny performance.

Embryo Transfer Details

Veterinary Clinic

| | |
|--|--------------------|
| Name of Veterinary Clinic that carried out the procedure*: | |
| Name of Veterinary Surgeon: | Date of procedure: |

***The clinic must be listed as a designated clinic for this scheme.**

Sire Details

| | |
|--|-------------------------------|
| Name of Stallion Used: | Registration No for Stallion: |
| Studbook of Origin of Stallion : | Breed of Stallion: |
| Name of WBFSH or Pony Studbook where the stallion is approved: | Fresh or Frozen Semen: |

Recipient Mare Details

| | |
|--|----------------------------------|
| Name of Recipient Mare: | Registration Recipient Mare: |
| Studbook of Origin of Recipient Mare : | Year of Birth of Recipient Mare: |
| Supplier of Recipient Mare: | |
| Has the Recipient Mare been DNA typed? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, a DNA sample must be taken by the Designated Clinic. | |

| Please tick the box for your chosen designated Veterinary Clinic | | | |
|--|---|----------------|--------------------------|
| Andrea Carli, | Animal Reproductive Technologies, Co. Kilkenny | T. 087-2127865 | <input type="checkbox"/> |
| Ciaran Gardiner, | Moran Court Vets, Ballinasloe, Co. Galway. | T. 087-2198714 | <input type="checkbox"/> |
| Carmel Welsh, | Kilcash Equine Clinic, Clonmel, Co. Tipperary | T. 052-6139461 | <input type="checkbox"/> |
| Katarzyna Engiel-Murray, | Co. Roscommon | T. 085-1976413 | <input type="checkbox"/> |
| Larry Dunne, | Ballyorney, Co. Wicklow | T. 01-2867146 | <input type="checkbox"/> |
| Philip McManus, | Glenina Vet Clinic/Rockmount AI Centre, Co. Galway. | T. 091 752014 | <input type="checkbox"/> |
| Tim Brennan, | Gowran Castle Stud, Gowran, Co Kilkenny. | T. 056-7726836 | <input type="checkbox"/> |

SECTION 3: APPLICANT DECLARATION

I hereby warrant, represent and agree as follows:

1. The foregoing particulars are true and accurate in every respect. In the event of any particulars becoming inaccurate updated revised particulars will be furnished immediately in writing to Horse Sport Ireland (“HSI”).
2. I am not aware of any matter or circumstance which might affect or be relevant to the application of the above named mare(s) to this Scheme which I have not disclosed in writing to HSI.
3. Any photographs or other proprietary materials which may be furnished by me with the application are solely owned by me (or where I apply as agent, by the owner(s)) and no third party consent or authority is required for the use thereof by HSI.
4. I agree to indemnify HSI on demand in full against any loss, claim or damage arising in the event of any breach of the foregoing warranties or any of them.

I hereby confirm, agree and acknowledge as follows:

1. HSI are hereby irrevocably authorised to publish the results of this application for the above named mare and any other information furnished above or pursuant to this application, without being under any obligation to do so.
2. I have read Appendix 1 “**Terms and Conditions of the HSI Embryo Transfer Scheme**” and I agree to accept and abide by them and any amendments that may be made by HSI thereto from time to time.
3. (In the case of multiple owners) each of the above warranties representations and agreements are deemed to be made by or on behalf of each owner on a joint and several basis.

Signed: _____ Print name: _____

Date: _____

Appendix 1: Terms and Conditions of the HSI Embryo Transfer Scheme

- Applicants must be the registered owner of the donor mare(s) subject to the application.
- Applicants must be resident in the Republic of Ireland.
- Donor mares must meet all of the following eligibility criteria:
 - Be registered in a DAFM approved studbook.
 - Be three years old or more.
 - Meet veterinary requirements of the initial examination at the Designated Veterinary Clinic as required.
 - Provide verified results demonstrating that the mare meets the performance and/or progeny performance criteria outlined in Appendix 2.
- The Embryo Transfer procedure **MUST** be carried out at a veterinary clinic which is designated for this scheme and **MUST** take place after the 8th June and an application must be submitted before the 31st August 2017 and the verification of 60 day pregnancy must be received by HSI from the designated vet by 24th November 2017.
- In exceptional circumstances HSI will consider applications on a case by case basis from overseas veterinary clinics where the donor and recipient mares are based in Ireland.
- Semen used for the embryo transfers **MUST** be from Stallions which are Approved in a WBFSH studbook or a Pony Studbook approved by DAFM.
- In the event of oversubscription to the program the awarding of the grant will be allocated on a first come first served basis.
- The recipient mare must meet the veterinary requirements of the initial examination at the Designated Veterinary Clinic as required. DNA samples for recipient mares are required if the mare has not been DNA typed previously.
- In order to draw down the €700 payment per embryo applicants **MUST** submit proof of payment for the Embryo Transfer procedure and **MUST** supply the following information signed and stamped by the Designated Veterinary Clinic by the 24th November 2017
 - A zootechnical certificate for the Embryo
 - AND**
 - Confirmation that the recipient has been scanned in foal after 60days.

Appendix 2: Donor Mare Performance and/or Progeny Performance Criteria

| | Mare own Performance | Mare Progeny Performance | Mare is Full sister to one or more animals that meets the following |
|--------------|--|--|--|
| Show jumping | <p>2 double clear rounds at CSI/CSIO 4* level (Grand Prix or Nations' Cup class or equivalent²) or higher</p> <p>Or</p> <p>2 double clear rounds at CSI/CSIO3* level⁶ or 2 double clear rounds in FEI competitions at a fence height of at least 1.45m at CSI/CSIO level or 2 top 4 placings in FEI speed classes at a fence height of at least 1.45m at CSI/CSIO level or higher</p> <p>Or</p> <p>2 double clear rounds in National (1.40m) or Premier GP (1.50) which can be verified by SJI records</p> | <p>1 progeny with 2 double clear rounds at CSI/CSIO 3* level⁶ or 2 double clear rounds in FEI competitions at a fence height of at least 1.45m at CSI/CSIO level or 2 top 4 placings in FEI speed classes at a fence height of at least 1.45m at CSI/CSIO level or higher</p> <p>Or</p> <p>1 progeny with 2 double clear rounds at CSI/CSIO 2* level⁹ or 2 double clear rounds in FEI competitions at a fence height of at least 1.40m at CSI/CSIO level or 2 top 4 placings in FEI speed classes at a fence height of at least 1.40m at CSI/CSIO level or 2 double clear rounds at National 1.45m level³ or higher</p> <p>Or</p> <p>1 progeny with 2 double clear rounds in National (1.40m) or Premier GP (1.50) which can be verified by SJI records</p> | <p>2 double clear rounds at CSI/CSIO 4* level (Grand Prix or Nations' Cup class or equivalent²) or higher</p> <p>Or</p> <p>2 double clear rounds at CSI/CSIO3* level⁶ or 2 double clear rounds in FEI competitions at a fence height of at least 1.45m at CSI/CSIO level or 2 top 4 placings in FEI speed classes at a fence height of at least 1.45m at CSI/CSIO level or higher</p> <p>Or</p> <p>2 double clear rounds in National (1.40m) or Premier GP (1.50) which can be verified by SJI records</p> |
| Eventing | <p>2 MERs¹⁵ at CCI 3* level¹¹ or higher</p> <p>Or</p> <p>2 MERs¹⁵ at CIC/CNC 3* level or higher</p> <p>Or</p> <p>2 MERs¹⁵ at CIC/CNC 2* level or higher</p> | <p>1 progeny with 2 MERs¹⁵ at CIC/CNC 2* level or higher</p> <p>Or</p> <p>1 progeny each with 2 Top 25% finishes at CCI 2* level or higher</p> <p>Or</p> <p>1 progeny each with 2 Top 25% finishes at CIC/CNC 2* level or higher</p> | <p>2 MERs¹⁵ at CCI 3* level¹¹ or higher</p> <p>Or</p> <p>2 MERs¹⁵ at CIC/CNC 3* level or higher</p> <p>Or</p> <p>2 MERs¹⁵ at CIC/CNC 2* level or higher</p> |
| Dressage | <p>2 placings at CDI/CDIO4* level (big tour or equivalent) with a score of 65% or higher</p> <p>Or</p> <p>2 placings at CDI/CDIO3* level (big tour or equivalent) with a score of 65% or higher</p> <p>Or</p> <p>2 placings at CDI2* level (big tour or equivalent) with a score of 65% or higher</p> | <p>1 progeny with 2 CDI/CDIO3* level (big tour or equivalent) with a score of 65% or higher</p> <p>Or</p> <p>1 progeny each with 2 placings at CDI2* level (big tour or equivalent) with a score of 65% or higher</p> | <p>2 placings at CDI/CDIO4* level (big tour or equivalent) with a score of 65% or higher</p> <p>Or</p> <p>2 placings at CDI/CDIO3* level (big tour or equivalent) with a score of 65% or higher</p> <p>Or</p> <p>2 placings at CDI2* level (big tour or equivalent) with a score of 65% or higher</p> |

Appendix 3: Checklist

- ✓ Section 1 and 2 of the application are completed in full and Section 3 is signed/dated.
- ✓ Supporting documentation showing proof that the donor mare meets requirements outlined in Appendix 2 is supplied.
- ✓ The Veterinary Clinic used for the Embryo Transfer is a Designated Clinic for this Scheme
- ✓ The applicant is the registered owner of the donor mare (s).
- ✓ The Embryo Transfer has taken place within the specified time frame (after the 8th June and an application submitted before the 31st August).
- ✓ The stallion used is Approved in a WBFSH studbook or a DAFM approved pony studbook.