



# APPLICATION FOR EQUINE SEMEN/EMBRYO IMPORT PERMIT

Washington State Department of Agriculture  
Animal Services Division  
Animal Health Program  
PO Box 42560  
Olympia WA 98504-2560  
(360) 902-1878

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			STABLE NAME		
BREED/COLOR		REG. NO.	AGE	MANAGER	
<b>Identification:</b> Must provide at least one of the three identification methods below. A clear photograph or drawing of horse showing both sides is an acceptable substitute.			ADDRESS		
BRAND	TATTOO		EID		CITY
				STATE	ZIP
			TELEPHONE NUMBER (INCLUDE AREA CODE)		
OWNER NAME		OWNER PHONE NUMBER		FAX NUMBER (INCLUDE AREA CODE)	
ADDRESS			OWNER/AUTHORIZED AGENT SIGNATURE		
CITY		STATE	ZIP		
DRAWING OF STALLION (SUBSTITUTE FOR OTHER ID METHODS)					

## 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 VETERINARIAN			DATE		
PRINTED NAME OF ACCREDITED VETERINARIAN			TELEPHONE NUMBER (INCLUDE AREA CODE)		
CLINIC NAME			FAX NUMBER (INCLUDE AREA CODE)		
ADDRESS			CITY	STATE	ZIP

## WSDA USE ONLY

DATE PERMIT ISSUED		PERMIT NUMBER		EXPIRATION DATE	
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