



Suid-Afrikaanse Stamboek- en Diereverbeteringsvereniging
(Geregistreer in terme van Wet 62 van 1998)

South African Stud Book and Animal Improvement Association
(Registered in terms of Act 62 of 1998)

SA STAMBOEK
STUD BOOK

Adres/Address 118 Henry str, Westdene, Bloemfontein | Posbus / PO Box 270, BLOEMFONTEIN, 9300
Telefoon/Telephone: (051) 448-9347 | Faks/Fax: (051) 447-3964 | e-Pos/Mail: info@studbook.co.za | Web: www.studbook.co.za

Schedule O - Involation Certificate

A) DONOR INSEMINATION SECTION

1. DOCUMENT CODE:	2. BREED CODE: * AAN	3. PARTICIPANT NUMBER - OWNER OF DONOR FEMALE: * 624877
4. PARTICIPANT NAME - OWNER OF DONOR FEMALE: KP MILES & SON		
5. FULL NAME OF DONOR FEMALE:		
6. REGISTRATION NUMBER OF DONOR FEMALE: * 65872285	7. IDENTIFICATION OF DONOR FEMALE: AANFKCM 07 28	8. LABORATORY DNA NUMBER OF DONOR FEMALE: *
9. FULL NAME OF DONOR MALE: SITZ UPWARD		
10. REGISTRATION NUMBER OF DONOR MALE: * 73772055	11. IDENTIFICATION OF DONOR MALE:	12. LABORATORY DNA NUMBER OF DONOR MALE: *
13. DATE OF INSEMINATION: * 08112019		
14. BATCH NUMBER OF SEMEN / SEMEN CODE:		
15. MULTI SIRE GROUP: DEFINE MULTI SIRE GROUP (if Multiple refer to Section E, page 2)		

B) PERMIT DETAILS

16. AUTHORISATION NUMBER:	17. VETERINARY MASTER PERMIT NO:	18. NO MASTER ☐
19. VALID FROM:	20. EXPIRY DATE:	
21. AUTHORISATION GRANTED TO: (PARTICIPANT DETAILS)		
22. NAME OF ANIMAL:		
23. INTERNATIONAL / REGISTRATION NUMBER OF ANIMAL:		
SIGNATURE OF INSEMINATION		

C) EMBRYO FLUSHING SECTION

24. FLUSHING DATE: * 15112019	25. NUMBER OF EMBRYO'S: * 7
I HERE WITH CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE EMBRYOS WERE FLUSHED, PROCESSED AND MARKED CORRESPONDING TO ACT 25 OF 1977.	
26. DATE: * 15112019	SIGNATURE OF VETERINARIAN

D) EMBRYO TRANSFER SECTION (if Multiple refer to Section F, page 2)

27. PARTICIPANT NUMBER - OWNER OF RECIPIENT FEMALE: *	28. PARTICIPANT NAME - OWNER OF RECIPIENT FEMALE:
29. RECIPIENT BREED:	30. RECIPIENT BREED CODE: *
31. IDENTIFICATION OF RECIPIENT: *	

D) EMBRYO TRANSFER SECTION CONTINUES

32. COLOUR OF RECIPIENT:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken
33. EMBRYO TRANSFER DATE:	* 1 5 1 1 2 0 1 9													
34. BIRTH DATE OF RECIPIENT:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []													
I HEREBY CERTIFY THAT I HAVE PERFORMED THE ABOVE-MENTIONED OVUM TRANSFER WITH AN OVUM AS SPECIFIED ABOVE.														
35. DATE	* [] [] [] [] [] [] [] [] [] [] [] [] [] []													
SIGNATURE _____														

E) MULTI SIRE GROUP

36. REGISTRATION NO:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []	OR	37. ID OF MALE IN MS GROUP:	[] [] [] [] [] [] [] [] [] [] [] [] [] []
38. REGISTRATION NO:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []	OR	39. ID OF MALE IN MS GROUP:	[] [] [] [] [] [] [] [] [] [] [] [] [] []
40. REGISTRATION NO:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []	OR	41. ID OF MALE IN MS GROUP:	[] [] [] [] [] [] [] [] [] [] [] [] [] []
42. REGISTRATION NO:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []	OR	43. ID OF MALE IN MS GROUP:	[] [] [] [] [] [] [] [] [] [] [] [] [] []
44. REGISTRATION NO:	* [] [] [] [] [] [] [] [] [] [] [] [] [] []	OR	45. ID OF MALE IN MS GROUP:	[] [] [] [] [] [] [] [] [] [] [] [] [] []

F) DETAILS OF RECIPIENTS

46. RECIPIENT ID:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	47. IMPLANT DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
48. OWNER NUMBER OF RECIPIENT:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	49. BREED CODE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
50. RECIPIENT BIRTH DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []													
51. COLOUR:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken
52. RECIPIENT ID:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	53. IMPLANT DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
54. OWNER NUMBER OF RECIPIENT:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	55. BREED CODE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
56. RECIPIENT BIRTH DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []													
57. COLOUR:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken
58. RECIPIENT ID:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	59. IMPLANT DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
60. OWNER NUMBER OF RECIPIENT:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	61. BREED CODE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
62. RECIPIENT BIRTH DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []													
63. COLOUR:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken
64. RECIPIENT ID:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	65. IMPLANT DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
66. OWNER NUMBER OF RECIPIENT:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	67. BREED CODE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
68. RECIPIENT BIRTH DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []													
69. COLOUR:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken
70. RECIPIENT ID:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	71. IMPLANT DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
72. OWNER NUMBER OF RECIPIENT:	[] [] [] [] [] [] [] [] [] [] [] [] [] []	73. BREED CODE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []											
74. RECIPIENT BIRTH DATE:	[] [] [] [] [] [] [] [] [] [] [] [] [] []													
75. COLOUR:	1 Typical	2 Red	3 RedWhite	4 WhiteRed	5 Black	6 Yellow	7 Roan	8 White	9 RedWhiteUnder	10 YellowWhite	11 Grey	12 BlackWhite	13 Whole	14 Broken



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4. PARTICIPANT NAME - OWNER OF DONOR FEMALE: KP MILES & SON		
5. FULL NAME OF DONOR FEMALE:		
6. REGISTRATION NUMBER OF DONOR FEMALE: * 70313234	7. IDENTIFICATION OF DONOR FEMALE: AAN F KCM 09 31	8. LABORATORY DNA NUMBER OF DONOR FEMALE: *
9. FULL NAME OF DONOR MALE:		
10. REGISTRATION NUMBER OF DONOR MALE: *	11. IDENTIFICATION OF DONOR MALE:	12. LABORATORY DNA NUMBER OF DONOR MALE: *
13. DATE OF INSEMINATION: * 08112019		
14. BATCH NUMBER OF SEMEN / SEMEN CODE:		
15. MULTI SIRE GROUP: YES DEFINE MULTI SIRE GROUP (if Multiple refer to Section E, page 2)		

B) PERMIT DETAILS

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23. INTERNATIONAL / REGISTRATION NUMBER OF ANIMAL:		
SIGNATURE OF INSEMINATION		

C) EMBRYO FLUSHING SECTION

24. FLUSHING DATE: * 15112019	25. NUMBER OF EMBRYO'S: * 14
I HERE WITH CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE EMBRYOS WERE FLUSHED, PROCESSED AND MARKED CORRESPONDING TO ACT 25 OF 1977.	
26. DATE: * 15112019	SIGNATURE OF VETERINARIAN

D) EMBRYO TRANSFER SECTION (if Multiple refer to Section F, page 2)

27. PARTICIPANT NUMBER - OWNER OF RECIPIENT FEMALE:	28. PARTICIPANT NAME - OWNER OF RECIPIENT FEMALE:
29. RECIPIENT BREED:	30. RECIPIENT BREED CODE: *
31. IDENTIFICATION OF RECIPIENT: *	

D) EMBRYO TRANSFER SECTION CONTINUES

32. COLOUR OF RECIPIENT:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

 *

33. EMBRYO TRANSFER DATE:

1	5	1	1	2	0	1	9
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 34. BIRTH DATE OF RECIPIENT:

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 *

I HEREBY CERTIFY THAT I HAVE PERFORMED THE ABOVE-MENTIONED OVUM TRANSFER WITH AN OVUM AS SPECIFIED ABOVE.

35. DATE

--	--	--	--	--	--	--	--

 *

SIGNATURE _____

E) MULTI SIRE GROUP

36. REGISTRATION NO:

8	1	1	8	8	2	7	8
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 OR 37. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq			

38. REGISTRATION NO:

8	1	2	0	3	3	6	6
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 OR 39. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq			

40. REGISTRATION NO:

--	--	--	--	--	--	--	--

 OR 41. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq			

42. REGISTRATION NO:

--	--	--	--	--	--	--	--

 OR 43. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq			

44. REGISTRATION NO:

--	--	--	--	--	--	--	--

 OR 45. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq			

F) DETAILS OF RECIPIENTS

46. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq			

 47. IMPLANT DATE:

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48. OWNER NUMBER OF RECIPIENT:

--	--	--	--	--	--	--	--

 49. BREED CODE:

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 50. RECIPIENT BIRTH DATE:

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51. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

52. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq			

 53. IMPLANT DATE:

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54. OWNER NUMBER OF RECIPIENT:

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 55. BREED CODE:

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 56. RECIPIENT BIRTH DATE:

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57. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

58. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq			

 59. IMPLANT DATE:

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60. OWNER NUMBER OF RECIPIENT:

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 61. BREED CODE:

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 62. RECIPIENT BIRTH DATE:

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63. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

64. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq			

 65. IMPLANT DATE:

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66. OWNER NUMBER OF RECIPIENT:

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 67. BREED CODE:

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 68. RECIPIENT BIRTH DATE:

--	--	--	--	--	--	--	--

69. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

70. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq			

 71. IMPLANT DATE:

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72. OWNER NUMBER OF RECIPIENT:

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 73. BREED CODE:

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 74. RECIPIENT BIRTH DATE:

--	--	--	--	--	--	--	--

75. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken