

ILLINOIS DEPARTMENT OF AGRICULTURE
STANDBRED BREEDERS FUND PROGRAM

EMBRYO TRANSFER PROCEDURES per the ADMINISTRATIVE RULES

Section 290.85 Qualifications for Illinois Conceived and Foaled Standardbred Horses

- a) A horse, to be qualified for the Illinois Standardbred Breeders Fund Program and for races restricted to Illinois conceived and foaled horses, must meet the following requirements:
- 1) An Illinois conceived and foaled horse is a foal born in this State and sired by a certified Illinois stallion standing for service within this State at the time of the foal's conception; and
 - 2) A mare (dam) of an Illinois conceived and foaled horse must be in the State a total of 30 consecutive days that includes the foaling date.
- b) Embryo Transfer
- 1) Foals produced by embryo transfer procedures will be eligible for the Illinois Standardbred Breeders Fund Program and qualified for races restricted to Illinois conceived and foaled horses, provided all of the following requirements have been satisfied:
 - A) the donor mare was at least three years old at the time of the conception;
 - B) conception of the donor mare occurred within the State;
 - C) the foal was sired by a certified Illinois stallion standing for service within this State at the time of the foal's conception;
 - D) prior to the embryo transplant, the donor mare owner or his or her authorized representative contacted and advised the Illinois Department of Agriculture's Horse Racing Program of the embryo transplant;
 - E) the Department received from the donor mare owner, prior to the embryo transplant, a signed statement from a veterinarian licensed to practice in Illinois indicating that the veterinarian believes that it is unlikely the donor mare can carry the embryo to a successful birth;
 - F) after the embryo transplant was performed, the donor mare owner or his or her authorized representative provided to the Department's Horse Racing Program all information concerning markings, identity and location of the recipient mare;
 - G) the recipient mare was identified by a Department equine investigator at an Illinois location prior to foaling;
 - H) the birth of the foal by the recipient mare occurred within the State; and
 - I) the recipient mare was in the State a total of 30 consecutive days that includes the foaling date.
 - 2) Only the first living foal of a donor mare produced by embryo transplant in a calendar year shall be eligible to participate in the Illinois Standardbred Breeders Fund Program each year. Notwithstanding any provision of this Section to the contrary, the registration with the United States Trotting Association of any additional foal produced by the donor mare by embryo transplant during that year will void the eligibility of all foals produced by the donor mare by embryo transplant for the Illinois Standardbred Breeders Fund Program for that year.
- c) Any foal produced by cloning will not be eligible for registration with the Illinois Standardbred Breeders Fund Program.

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EMBRYO TRANSFER

-To be completed for each Embryo Transfer-

This form must be returned to the Department of Agriculture after the embryo transplant has been performed so that a representative from the Department's Horse Racing Program can inspect the mare before the mare has foaled.

PLEASE PRINT

DONOR MARE: _____ TATTOO#: _____

RECIPIENT MARE: _____ TATTOO#: _____

Name of Stallion: _____ Date of Embryo Transfer: _____

Description of Mare: _____ Color: _____ Markings, Brands or Scars: _____

Mare owner Name and Address:

Illinois Location where mare may be identified before foaling:

Name and Farm Name: _____

Address: _____

City/State/Zip: _____

Name of person who performed embryo transfer: _____

Telephone Number: () _____

THIS REPORT MUST BE RETURNED WITHIN TEN (10) OF THE EMBRYO TRANSPLANT TO:

**ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF COUNTY FAIRS & HORSE RACING
P.O. BOX 19281 ♦ SPRINGFIELD, ILLINOIS 62794-9281
217/785-0106 ♦ Fax: 217/524-6194
agr.horseracing@illinois.gov**

THIS SECTION TO BE COMPLETED BY DEPARTMENT OF AGRICULTURE EQUINE INVESTIGATOR

VALIDATED BY: _____ DATE: _____