

**MAKE SURE THAT:**

-THE ANIMAL IS ELIGIBLE FOR REGISTRATION  
 -THE TATTOO INSCRIBED BELOW IS EXACT

**Canadian Livestock Records Corporation**

2417 Holly Lane, Ottawa, Canada K1V 0M7



**THE CANADIAN HIGHLAND CATTLE ASSOCIATION**

**APPLICATION FOR REGISTRATION**

Print or Type all Information, except Signatures

<b>Name:</b> (not more than 30 letters including spaces)										LEAVE BLANK																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>SEX:</b> <input checked="" type="checkbox"/> Male</td> <td colspan="2"><b>SEX OF TWIN:</b> <input checked="" type="checkbox"/> Male</td> <td colspan="3"><b>BIRTH DATE</b></td> <td colspan="3"><b>TATTOO</b></td> </tr> <tr> <td>Male</td><td></td> <td>Male</td><td></td> <td>Day</td><td>Month</td><td>Year</td> <td>Right Ear</td><td colspan="2">Left Ear</td> </tr> <tr> <td>Female</td><td></td> <td>Female</td><td></td> <td></td><td></td><td></td> <td></td><td colspan="2"></td> </tr> </table>										<b>SEX:</b> <input checked="" type="checkbox"/> Male		<b>SEX OF TWIN:</b> <input checked="" type="checkbox"/> Male		<b>BIRTH DATE</b>			<b>TATTOO</b>			Male		Male		Day	Month	Year	Right Ear	Left Ear		Female		Female									
<b>SEX:</b> <input checked="" type="checkbox"/> Male		<b>SEX OF TWIN:</b> <input checked="" type="checkbox"/> Male		<b>BIRTH DATE</b>			<b>TATTOO</b>																																		
Male		Male		Day	Month	Year	Right Ear	Left Ear																																	
Female		Female																																							
<b>NATIONAL EAR TAG</b>				<b>Colour:</b>																																					
Right Ear		Left Ear		Black <input type="checkbox"/>	Dark Brindle <input type="checkbox"/>	Light Brindle <input type="checkbox"/>	Red <input type="checkbox"/>	Light Red <input type="checkbox"/>																																	
				Dun <input type="checkbox"/>	Silver Dun <input type="checkbox"/>	Yellow <input type="checkbox"/>	White <input type="checkbox"/>																																		
<b>Sire:</b>						Can. No:	American No:	Foreign No:																																	
<b>Dam:</b>						Can. No:	American No:	Foreign No:																																	
<b>Bred By</b> (Fill in name and address of owner or lessee of the dam at the time she was served to produce this calf):								ID No.																																	
<b>Calved the property of</b> (Fill in name and address of owner or lessee of the dam at time she gave birth to this calf):								ID No.																																	
<b>Imported by:</b>								ID No.																																	

**CERTIFICATE OF SERVICE OF DAM OR RECIPIENT**  
 (Please report all services. Attach A.I. Breeding Slips when possible)

BREEDING or IMPLANT INFORMATION	SERVICE DATE OR PASTURE START DATE			PASTURE END DATE			SIRE	
	Day	Month	Year	Day	Month	Year	Name	Reg. Number
Last Service →								
Previous Service →								

I HEREBY DECLARE that according to my private record, the above named dam was served by the above named sire(s) on the dates specified above:

**X** \_\_\_\_\_  
 Signature of owner of sire or authorized representative sign here.

**CERTIFICATE OF OWNER AT BIRTH**

I HEREBY DECLARE that the foregoing information is to the best of my knowledge and belief, true and that the above named animal is actually identified as indicated.

DATE \_\_\_\_\_ **X** \_\_\_\_\_

Owner of Animal at time of birth or importer or authorized representative sign here.  
 Partnership or company signatures must be countersigned by the person authorized to sign.  
 If you owned the sire and dam at time of service, and the animal was born your property, sign once only on line indicated by X.

**If calf, sold, attach completed and signed Application for Transfer.**