



Canadian Livestock Records Corporation
 2417 Holly Lane, Ottawa, Canada K1V 0M7
Canadian Galloway Association
APPLICATION FOR REGISTRATION

MAIL TO: Canadian Livestock Records Corporation
 2417 Holly Lane, Ottawa, Ontario Canada K1V 0M7

All signatures must be in ink. ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN. All animals must be properly tattooed BEFORE they can be registered.

TO AVOID UNNECESSARY DELAY, PLEASE CHECK THIS APPLICATION FOR ERRORS AND OMISSIONS BEFORE SUBMITTING IT.

Check of calf was produced as a result of: Artificial Insemination <input type="checkbox"/> Embryo Transplant <input type="checkbox"/>	BREED (CHECK APPROPRIATE BOX) Galloway <input type="checkbox"/> Belted Galloway <input type="checkbox"/> Belted Appendix <input type="checkbox"/> White Galloway <input type="checkbox"/>	Embryo Cert. No. _____
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FOR PUREBRED BELTED GALLOWAYS:

Is the belt continuous? YES NO

FOR BELTED APPENDIX ANIMALS, please check one box in each of (i) and (ii):

(i) a) clean belt b) irregular belt c) incomplete belt

(ii) 1) narrow belt 2) medium belt 3) wide belt with no white on lower legs 4) wide belt with white on lower legs

FOR WHITE GALLOWAYS, please check one box in each (i) and (ii):

(i) a) a coloured points with no other colour b) coloured points with other coloured spots c) coloured points with coloured sides

(ii) 1) pale colour 2) scant distinct colour 3) abundant distinct colour

For more information, please refer to Rules of Eligibility.

Name: _____ (not more than 30 letters including spaces)

COLOUR (Check appropriate box)

() Black(blk) Dun Red

Tattoo (report all markings)		NATIONAL EAR TAG		Date of Birth			Sex		Sex of Twin, if any	
Right Ear	Left Ear	Right Ear	Left Ear	Day	Month	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Name of Sire: _____ **Reg. No.** _____

Name of Dam: _____ **Reg. No.** _____

Name and address of breeder including postal code (registered owner or lessee of dam at time of conception of this calf): _____ **Id. No.** _____

Name and address of owner at birth including postal code (registered owner or lessee of dam at time she gave birth to this calf) _____ **Id. No.** _____

Name and address of importer including postal code _____ **Id. No.** _____

I declare that the information herein is to the best of my knowledge and belief true.

Signature of owner at birth or importer. X

Date on which importer purchased animal. Day _____ Month _____ Year _____

PERFORMANCE RECORDS	WEANING WEIGHT	DATE WEIGHED	DATE OF BIRTH OF DAM	Calving Ease	
	Lbs.			U - Unassisted <input type="checkbox"/>	S - Surgical (Caesarean) <input type="checkbox"/>
BIRTH WEIGHT	365 DAY WEIGHT	DATE WEIGHED	Day	Month	Year
Lbs.	Lbs.				
				E - Easy Pull <input type="checkbox"/>	M - Malpresentation <input type="checkbox"/>
				H - Hard Pull <input type="checkbox"/>	

CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate). (whenever possible, attach A.I. Service Report)

I hereby declare that the herein named dam was served by the herein named sire on _____ Day _____ Month _____ Year **Or the herein named dam**
was exposed to the herein named sire FROM _____ Day _____ Month _____ Year **TO** _____ Day _____ Month _____ Year

X _____ **Signature of owner of dam at time of service**

 X _____ **Signature of owner of sire at time of service**

 Id. No. _____