



**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"/>	<b>BREED (CHECK APPROPRIATE BOX)</b> 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.*

<b>Name:</b> (not more than 30 letters including spaces) _____	<b>COLOUR (Check appropriate box)</b> <input checked="" type="checkbox"/> ( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ) Black(blk) <input type="checkbox"/> Dun <input type="checkbox"/> Red <input type="checkbox"/>
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<b>Tattoo (report all markings)</b> Right Ear _____ Left Ear _____	<b>NATIONAL EAR TAG</b> Right Ear _____ Left Ear _____	<b>Date of Birth</b> Day _____ Month _____ Year _____	<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Sex of Twin, if any</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
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**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.	<b>Signature of owner at birth or importer.</b> X _____	<b>Date on which importer purchased animal.</b> Day _____ Month _____ Year _____
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<b>PERFORMANCE RECORDS</b>	<b>WEANING WEIGHT</b> _____ Lbs.	<b>DATE WEIGHED</b> _____	<b>DATE OF BIRTH OF DAM</b> Day _____ Month _____ Year _____	<b>Calving Ease</b> U - Unassisted <input type="checkbox"/> S - Surgical (Caesarean) <input type="checkbox"/> E - Easy Pull <input type="checkbox"/> M - Malpresentation <input type="checkbox"/> H - Hard Pull <input type="checkbox"/>
	<b>BIRTH WEIGHT</b> _____ Lbs.	<b>365 DAY WEIGHT</b> _____ Lbs.		

**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. _____
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