

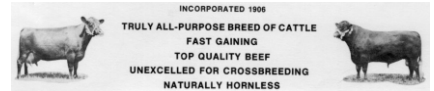
**MAKE SURE THAT:**

-ANIMAL IS PROPERLY TATTOOED

-ALL MARKINGS ON THIS FORM ARE EXACTLY SAME AS IN ANIMAL'S EAR

**Canadian Livestock Records Corporation**

2417 Holly Lane, Ottawa, Canada K1V 0M7



**CANADIAN RED POLL CATTLE ASSOCIATION**

**APPLICATION FOR REGISTRATION**

Print or Type all Information, except Signatures

CHECK IF A.I.

AND ALSO ATTACH BREEDING RECORD

<b>Name:</b> (not more than 24 letters including spaces)										LEAVE BLANK																															
<table border="1"> <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>Day</td> <td>Month</td> <td>Year</td> <td>Right Ear</td> <td>Left Ear</td> <td colspan="5"></td> </tr> <tr> <td colspan="2"><b>Female</b></td> <td colspan="2"><b>Female</b></td> <td colspan="3"></td> <td colspan="3"></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>			Day	Month	Year	Right Ear	Left Ear						<b>Female</b>		<b>Female</b>									
<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>																																		
Day	Month	Year	Right Ear	Left Ear																																					
<b>Female</b>		<b>Female</b>																																							
<b>NATIONAL EAR TAG</b>				<b>Colour and description of white markings, if any:</b>																																					
Right Ear		Left Ear																																							
Birth Wt.		Adj. Wt. 200 day		365 day		Index		A.D.G.																																	
<b>SIRE:</b>								Can. No:		American No:																															
Adj. Wt. 200 day		365 day		Index		A.D.G.																																			
<b>DAM:</b>								Can. No:		American No:																															
Adj. Wt. 200 day		365 day		Index		A.D.G.																																			
<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 state when, by whom):</b>										ID No.																															

**CERTIFICATE OF SERVICE OF DAM**

I HEREBY DECLARE that according to my private record, the above named dam was served by the above named sire on the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

X

Signature of owner of sire or authorized representative sign here.

If information has been supplied on transfer of ownership, no further signature is required.

**CERTIFICATE OF SERVICE OF BREEDER**

I HEREBY DECLARE that I owned the above named dam at the time she was served by the above name sire.

X

Breeder of the above named animal or authorized representative sign here.

If information has been supplied on transfer of ownership, no further signature is required.

**CERTIFICATE OF OWNER AT BIRTH**

I HEREBY DECLARE that I owned the above named animal or animals at the time of birth, that the foregoing information is in accordance with my private record, and is to the best of my knowledge and belief, true, and that the above named animal or animals are actually identified as indicated.

X

DATE \_\_\_\_\_

Owner of animal at time of birth or imported, signature of importer.