

**Canadian Livestock Records Corporation**

2417 Holly Lane, Ottawa, Canada K1V 0M7

**Canadian Chianina Association**

**APPLICATION FOR REGISTRATION**

**Print or Type all Information, except Signatures**



<b>Name:</b> (not more than 20 letters including spaces)											LEAVE BLANK			
<b>CHECK ONE :</b> ✓		<b>SEX:</b> ✓		<b>SEX OF TWIN:</b> ✓		<b>%</b>		<b>BIRTH DATE</b>						
Polled		Male		Male								Day	Month	Year
Horned		Female		Female										
<b>TATTOO</b>						<b>NATIONAL EAR TAG</b>								
Right Ear			Left Ear			Right Ear			Left Ear					
<b>SIRE:</b>											Reg. No:			
<b>DAM:</b>											Breed:		Reg. 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.			
Calved the Property of:											ID No.			

**CERTIFICATE OF SERVICE OF DAM OR RECIPIENT**

(Complete this report or attach report of service, if embryo transplant, attach embryo report)

AI BREEDING OR IMPLANT DATE	DATE			SIRE		
	Day	Month	Year	Name	Reg. Number	Breed
Last Service←						
Previous Service←						
SOURCE OF SEMEN _____						
Was the herein named female exposed to any bull(s) after last insemination? If so, what breeds? _____						

**NATURAL SERVICE - Please report all services or exposures**

**SIRE** \_\_\_\_\_ **Reg. No.** \_\_\_\_\_ **Date of Service** \_\_\_\_\_

**OR EXPOSED FROM** \_\_\_\_\_ **to** \_\_\_\_\_

Day                      Month                      Year                      Day                      Month                      Year

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS IN ACCORDANCE WITH MY PRIVATE BREEDING RECORD AND IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE.	FOR ALL NATURAL MATINGS, THE OWNER OF THE SERVICE SIRE MUST SIGN THE SERVICE CERTIFICATE.
X _____ Signature of Owner of Dam at time of service or inseminator.	X _____ Signature of Owner of Sire at time of service or inseminator.
Date _____	