



CANADIAN LIVESTOCK RECORDS CORPORATION  
2417 Holly Lane, Ottawa, Ontario, Canada K1V 0M7  
CANADIAN SPECKLE PARK ASSOCIATION

APPLICATION FOR REGISTRATION  
Print or Type all Information, except Signatures

For Embryo transfers,  
indicate Recipient ID or  
Embryo Certificate  
Number

Check if calf was a result of A.I. <input type="checkbox"/> E.T. <input type="checkbox"/>	NAME OF ANIMAL (Not more than 30 letters including spaces)																			
COLOUR PATTERN: Speckled <input type="checkbox"/> Leopard <input type="checkbox"/> White with Black Points <input type="checkbox"/> Solid Black <input type="checkbox"/>																				
POLLED STATUS		SEX		SEX OF TWIN		DATE OF BIRTH			TATTOO (in right ear)						BIRTH WEIGHT					
Polled		Male		Male		Day	Month	Year												
Scurred		Female		Female																
NATIONAL EAR TAG - Right Ear										Left Ear										
SIRE (name) _____															REG. NO. _____					
DAM (name) _____															REG. NO. _____					
BRED BY _____															ID. No. _____					
(Fill in name and address of owner or lessee of dam at the time she was served to produce this calf.)																				
OWNED AT BIRTH BY _____															ID. No. _____					
(Fill in name and address of owner or lessee of dam at time she gave birth to their calf)																				
I declare that the information herein is to the best of my knowledge and belief true.																				
Date _____										<b>X</b>					Owner of animal at time of birth sign here.					

**CERTIFICATE OF SERVICE OF DAM or EMBRYO TRANSPLANT**

(Complete this section if the owner of the above sire was not the owner of the dam at the time of service or in the case of Embryo Transplants)

PLEASE REPORT ALL SERVICES AND EXPOSURES. ATTACH ANY BREEDING SLIPS.

<b>NATURAL SERVICE</b>																			
SIRE _____					REG. NO. _____					DATE OF SERVICE _____									
OR EXPOSED FROM		Day		Month		Year		to		Day		Month		Year					
<b>ARTIFICIAL INSEMINATION</b>	DATE		SIRE			Name			Reg. No.		Breed								
	Day	Month	Year																
Last Service																			
Previous Service																			
SOURCE OF SEMEN _____																			
<b>EMBRYO TRANSPLANT</b> - Please attach Embryo reports for collection and implantation and an Application for DNA Parentage Verification for the calf.																			
<b>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</b>																			
Date _____										<b>X</b>					Signature of owner or lessee of the sire at time of service or the applicant in the case of AI or ET				