

A.I. ✓

E.T. ✓



Canadian Livestock Records Corporation  
2417 Holly Lane, Ottawa, Canada K1V 0M7

In the case of ET animals,  
attach the ET documents

### Aubrac International

#### APPLICATION FOR REGISTRATION

Print or Type all Information, except Signatures

<b>Name:</b> (not more than 30 letters including spaces)											LEAVE BLANK																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CHECK ONE : ✓</b></td> <td colspan="2"><b>SEX: ✓</b></td> <td colspan="2"><b>SEX OF TWIN: ✓</b></td> <td colspan="2" rowspan="2" style="text-align: center; vertical-align: middle; font-size: 2em;">%</td> <td colspan="3"><b>BIRTH DATE</b></td> </tr> <tr> <td>Polled <input type="checkbox"/></td> <td>Horned <input type="checkbox"/></td> <td>Male <input type="checkbox"/></td> <td>Female <input type="checkbox"/></td> <td>Male <input type="checkbox"/></td> <td>Female <input type="checkbox"/></td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td colspan="2">Scurred <input type="checkbox"/></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>											<b>CHECK ONE : ✓</b>		<b>SEX: ✓</b>		<b>SEX OF TWIN: ✓</b>		%		<b>BIRTH DATE</b>			Polled <input type="checkbox"/>	Horned <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Month	Day	Year	Scurred <input type="checkbox"/>										
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Scurred <input type="checkbox"/>																																									
<b>TATTOO</b>			<b>EAR TAG</b>			<b>FREEZE BRAND</b> <input type="checkbox"/>		<b>HOT BRAND</b> <input type="checkbox"/>																																	
Right Ear		Left Ear		Right Ear		Left Ear		Right Hip		Left Hip																															
Color - Aubrac <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Brindle <input type="checkbox"/> Other - Please Specify _____																																									
<b>SIRE:</b>						Reg. No:		Breed:																																	
<b>DAM:</b>						Reg. No:		Breed:																																	
<b>Bred By (Fill in name and address of owner or lessee of the dam at the time she was served to produce this calf):</b>								ID No.																																	
<b>Owned at Birth by (Fill in name and address of owner of dam at time she gave birth to this calf):</b>								ID No.																																	
<b>PERFORMANCE RECORDS</b>		<b>WEANING WEIGHT</b>		<b>DATE WEIGHED</b>		<b>DATE OF BIRTH OF DAM</b>			<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"/>																																
		Lbs.																																							
<b>BIRTH WEIGHT</b>		<b>365 DAY WEIGHT</b>		<b>DATE WEIGHED</b>																																					
Lbs.		Lbs.				Month   Day   Year																																			

### CERTIFICATE OF SERVICE OF DAM OR RECIPIENT (Please report all services. Attach A.I. Breeding Slips when possible)

BREEDING INFORMATION	SERVICE DATE OR PASTURE START DATE						PASTURE END DATE			SIRE		
	Month	Day	Year	Month	Day	Year	Name	Reg. Number	Breed			
Last Service												
Previous Service												

I HEREBY CERTIFY that according to my private record, the above named dam was served by the above named sire(s) on the dates specified above:

**X** \_\_\_\_\_  
Signature of owner of sire or authorized representative sign here.

### TRANSFER OF OWNERSHIP

I HEREBY CERTIFY that the herein named animal is legibly identified and was sold to \_\_\_\_\_  
(Name of Buyer)

\_\_\_\_\_  
(Complete Address of Buyer)

on the \_\_\_\_\_ and delivered on the \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

I hereby certify that the information given on this application is correct to the best of my knowledge.

**X**

\_\_\_\_\_  
Signature of Owner at Birth of Calf