

# CANADIAN MILKING SHORTHORN SOCIETY REGISTRATION APPLICATION



MEMBERSHIP NAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

CITY, PROVINCE, POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

Mail to: Canadian Livestock Records Corporation, 2417 Holly Lane, Ottawa, Ont. K1V 0M7 Fax (613)731-0704

DAM NAME		DAM REG. #		SIRE NAME		SIRE REG. #		CALF TATTOO		RE LE BOTH	PLACE EZE-IR TAG STICKER HERE	SEX	BIRTH DATE DD-MM-YY	TWIN SEX		
1	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR	HORNED <input type="checkbox"/> POLLED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY			
TRANSFER TO:												NAME AND COMPLETE ADDRESS OF BUYER			SALE DATE DD-MM-YY	
DAM NAME		DAM REG. #		SIRE NAME		SIRE REG. #		CALF TATTOO		RE LE BOTH	PLACE EZE-IR TAG STICKER HERE	SEX	BIRTH DATE DD-MM-YY	TWIN SEX		
2	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR	HORNED <input type="checkbox"/> POLLED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY			
TRANSFER TO:												NAME AND COMPLETE ADDRESS OF BUYER			SALE DATE DD-MM-YY	
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3	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR	HORNED <input type="checkbox"/> POLLED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY			
TRANSFER TO:												NAME AND COMPLETE ADDRESS OF BUYER			SALE DATE DD-MM-YY	
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4	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR	HORNED <input type="checkbox"/> POLLED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY			
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