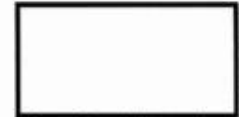




CANADIAN LIVESTOCK RECORDS CORPORATION
 2417 Holly Lane, Ottawa, Canada K1V 0M7



If transplant, indicate embryo certificate number or recipient identification.

LSR-78-4\78-4.pub

APPLICATION FOR REGISTRATION

Print or Type all Information, except Signatures

NAME OF ANIMAL Not more than 30 letters (including spaces)	LEAVE BLANK

Does this animal conform to the required colour standards?
 Black pigment on or around eyes, ears, nose, tail & genitals & black hooves YES NO Check if calf was a result of:
 A.I. E.T.

CHECK ONE	SEX	SEX OF TWIN	%	TATTOO	BIRTH DATE
Polled <input type="checkbox"/>	Male <input type="checkbox"/>	Male <input type="checkbox"/>		Right Ear	Day
Horned <input type="checkbox"/>				Left Ear	Month
Scurred <input type="checkbox"/>	Female <input type="checkbox"/>	Female <input type="checkbox"/>			Year

BRED BY _____ ID.NO. _____
(Fill in name and address of owner 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 of dam at time she gave birth to their calf)

SIRE (name) _____ REG. NO. _____

DAM(name) _____ REG. NO. _____ BREED _____

I declare that the information herein is to the best of knowledge and belief true.

X

_____ Date _____ Owner of animal at time of birth or importer sign above.

PERFORMANCE RECORD	WEANING WEIGHT lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM	Calving Ease
BIRTH WEIGHT lbs.	365 DAY WEIGHT lbs.	DATE WEIGHED		U - Unassisted <input type="checkbox"/> S - Surgery <input type="checkbox"/> E - Easy Pull <input type="checkbox"/> H - Hard <input type="checkbox"/> M - Malpresentation <input type="checkbox"/>

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	Reg. No.	Breed
	Day Month Year	Name		
Last Service				
Previous Service				

SOURCE OF SEMEN _____

WAS THE HEREIN NAMED FEMALE EXPOSED TO ANY OTHER BULL(S) AFTER LAST INSEMINATION? _____

IF SO, WHAT BREED(S)? _____

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.

Date _____ Signature of owner of sire at time of service, or inseminator.