



Canadian Livestock Records Corporation
 Telephone: (Toll-Free) 1-877-833-7110 or 613-731-7110 Fax: 613-731-0704
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MAIL TO: Canadian
 Livestock Records
 Corporation
 2417 Holly Lane,
 Ottawa, Ontario
 Canada K1V 0M7

Canadian Galloway Association

APPLICATION FOR REGISTRATION

All signatures must be in ink.
 ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN.
 All animals must be properly tattooed BEFORE they can be registered.

TO AVOID UNNECESSARY DELAY, PLEASE CHECK
 THIS APPLICATION FOR ERRORS AND OMISSIONS
 BEFORE SUBMITTING IT.

Check if calf was produced as a result of: Artificial Insemination <input type="checkbox"/> Embryo Transplant <input type="checkbox"/>	BREED <div align="center" style="font-size: 1.2em;">Riggit Galloway</div>	Embryo Cert. No.
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Name: (not more than 30 characters including spaces and colour affix) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Colour Affix BLK, DUN, RED <div style="display: flex; align-items: center;"> X () </div>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex of Twin, if any Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of Birth <div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>	Tattoo (report all markings) <div style="display: flex; justify-content: space-between;"> <div>Right Ear</div> <div>Left Ear</div> </div>	National Ear Tag <div style="display: flex; justify-content: space-between;"> <div>Right Ear</div> <div>Left Ear</div> </div>	Colour Black <input type="checkbox"/> Dun <input type="checkbox"/> Red <input type="checkbox"/>
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For Riggit Galloways (Tick ONLY one box):

☐ "E" for coloured points with coloured points with coloured sides where the hips are also coloured to a high degree

☐ "F" for coloured points with coloured sides, but where the hips are more white than coloured

☐ "G" for coloured points with coloured sides where the colouring of the sides and hips are mixed significantly with white, significantly being defined as an estimated 40% to not more than 60% within the area of the sides, (this area defined as sides is not to be confused with the top stripe or the underside area, which shall always be predominantly white).

Name of Sire:	Reg. No.
Name of Dam:	Reg. No.
Name and address of breeder including postal code (registered owner or lessee of dam at time of conception of this calf):	ID 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.
Name and address of importer including postal code	ID No.

I declare that the information herein is to the best of my knowledge and belief true.	Signature of owner at birth or importer. <div style="font-size: 1.5em; margin-top: 10px;">X</div>	Date on which importer purchased animal. <div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>
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PERFORMANCE RECORDS (OPTIONAL)	WEANING WEIGHT Lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM	Calving Ease 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"/>
BIRTH WEIGHT Lbs.	365 DAY WEIGHT Lbs.	DATE WEIGHED	<div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>	

**CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate).
 (whenever possible, attach A.I. Service Report)**

I hereby declare that the herein named dam was served by the herein named sire on	Day	Month	Year	Or the herein named dam
was exposed to the herein named sire FROM	Day	Month	Year	TO Day Month Year

<div style="font-size: 1.5em; margin-top: 10px;">X</div> _____ Signature of owner of dam at time of service	<div style="font-size: 1.5em; margin-top: 10px;">X</div> _____ Signature of owner of sire at time of service	ID No. _____
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