Artificial Iı Embryo T	produced as a result of Insemination Transfer ttach appropriate documents	ts Canadian Live 2417 Holly La Canadian APPLICATIO Print or Type all	ON er	If transplant, indicate embryo certificate number or recipient identification.			
Name (not mo	e: ore than 3 0 letters includ		LEAVE BLANK				
SEX: Male		SEX OF TWIN: 🗸	BIRTH DATE			Year	
Female		Female					
/ '	TATTOO	0	1	NATIONAL	EAR TAG	<u> </u>	
F	Right Ear	Left Ear	Right Ear			Left Ear	
SIRE:		R	eg. No:				
DAM:		Bi	Breed:				
Name and	d address of breeder (owner o	IC	D No.				
Name and	d address of owner at birth inc	ed animal.)	D No.				

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

BREEDING or IMPLANT	SERVICE DATE OR PASTURE START DATE		PASTURE END DATE		DATE	SIRE						
INFORMATION	Day	Month	Year	Day	Month	Year	Name	Reg. Number	Breed			
Last Service \rightarrow												
Previous Service \rightarrow												
I HEREBY DECLARE 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.												

CERTIFICATE OF OWNER AT BIRTH

I HEREBY DECLARE that the foregoing information is to the best of my knowledge and belief, true and that the above named animal is actually identified as indicated.

DATE ____



Owner of Animal at time of birth or importer or authorized representative sign here. Partnership or company signatures must be countersigned by the person authorized to sign. If you owned the sire and dam at time of service, and the animal was born your property, sign once only on line indicated by X.

If calf, sold, attach completed and signed Application for Transfer.