Application For Registration

#13, 4101 - 19 STREET N.E., CALGARY, ALBERTA, T2E 7C4
Tel: (403) 250-7979 Fax:(403) 250-5121

Member #_____ Farm Name_____

Note: Embryo applications require Transplant/Flush documents to be submitted

BREEDING DATA					BIRTH INFORMATION									WEIGHTS FOR PAPER			LAB	COMMENTS
DAM	SIRE	BREEDING															DNA	
REGNUM	REGNUM	AI/NAT A/N	AI DATE	FLUSH DATE D/M/Y	TATTOO	LOC L/R/B	BIRTHDATE **D/M/Y**	SEX M/F	TWIN #	TWIN Sex	H/P/S	BLACK Y/N		BIRTH WT/Lbs	WNG WT/Lbs	YLG WT/Lbs		
TATTOO	TATTOO	EMBRYO E		TRANSPLANT DATE D/M/Y	ANIMAL NAME (25 CHARACTERS MAX)										DATE D/M/Y	DATE D/M/Y		

Loc - L/R/B	H/P/S	Twin #	DNA
L - Left Ear	H - Horned	1/Blank - Single	BG - Genotype on file (minimum requirement for natural service sires)
R - Right Ear	P - Polled	2 - Twin	SV - Parentage confirm to Sire
B - Both Ear	S - Scurs	3 - Triplet	DV - Parentage confirm to Dam
			PV - Parentage confirm to both Sire and Dam (minimum requirement for AI sires)

Signature Nat. Service Sire_____ Applicant _____