

CANADIAN SHORTHORN ASSOCIATION CALVING REPORT AND REGISTRATION APPLICATION



MEMBERSHIP NAME _____

ID NUMBER _____

STREET ADDRESS _____

DATE _____

CITY, PROVINCE, POSTAL CODE _____

TELEPHONE NUMBER _____

AUTHORIZED SIGNATURE _____

PLEASE MAIL TO: CANADIAN SHORTHORN ASSOCIATION REGISTRY OFFICE - Box 3771, EVRAZ PLACE, REGINA, SASKATCHEWAN S4P 3N8

E X A M P L E	DAM TATTOO		DAM REGISTRATION NUMBER		DAM DISPOSAL CODE and DATE		SIRE TATTOO		SIRE REGISTRATION NUMBER		CALF TATTOO		LE RE BOTH	NATIONAL HEALTH EAR TAG		SEX M/F/S	DATE OF BIRTH (DD-MM-YY)		TWIN SEX M/F/S	CE	BIRTH WEIGHT Lbs.	
	REG? (Y/N)	*AI? (Y/N)	*ET? (Y/N)	RECIPIENT ID ET only		COLOUR	(H/P)	CALF'S REGISTERED NAME (COMPLETE THIS LINE ONLY FOR CALVES TO BE REGISTERED) <i>not to exceed 30 characters including spaces</i>										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE OF DAM (DD-MM-YY)		
	TRANSFER INFORMATION (INCLUDE NAME AND COMPLETE ADDRESS OF NEW OWNER. PEDIGREE WILL BE RETURNED TO BREEDER.)							SALE DATE (DD-MM-YY)														
1	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT	
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR	(H/P)	NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE DD-MM-YY		
	TRANSFER TO:							SALE DATE DD-MM-YY														
2	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT	
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR	(H/P)	NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE DD-MM-YY		
	TRANSFER TO:							SALE DATE DD-MM-YY														
3	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT	
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR	(H/P)	NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE DD-MM-YY		
	TRANSFER TO:							SALE DATE DD-MM-YY														
4	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT	
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR	(H/P)	NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE DD-MM-YY		
	TRANSFER TO:							SALE DATE DD-MM-YY														
5	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT	
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR	(H/P)	NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE		BREEDING DATE DD-MM-YY		
	TRANSFER TO:							SALE DATE DD-MM-YY														