

CANADIAN MILKING SHORTHORN SOCIETY REGISTRATION APPLICATION

MEMBERSHIP NAME _____

STREET ADDRESS _____

CITY, PROVINCE, POSTAL CODE _____

TELEPHONE NUMBER _____



ID NUMBER _____

DATE _____

AUTHORIZED SIGNATURE _____

Mail to: Canadian Livestock Records Corporation, 2417 Holly Lane, Ottawa, Ont. K1V 0M7 Fax (613)731-0704

DAM NAME			DAM REG. #		SIRE NAME			SIRE REG. #		CALF TATTOO		RE LE BOTH	PLACE EZE-IR TAG STICKER HERE		SEX	BIRTH DATE DD-MM-YY		TWIN SEX			
1	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR		HORNED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY							
						POLLED <input type="checkbox"/>															
TRANSFER TO:																NAME AND COMPLETE ADDRESS OF BUYER				SALE DATE DD-MM-YY	
DAM NAME			DAM REG. #		SIRE NAME			SIRE REG. #		CALF TATTOO		RE LE BOTH	PLACE EZE-IR TAG STICKER HERE		SEX	BIRTH DATE DD-MM-YY		TWIN SEX			
2	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR		HORNED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY							
						POLLED <input type="checkbox"/>															
TRANSFER TO:																NAME AND COMPLETE ADDRESS OF BUYER				SALE DATE DD-MM-YY	
DAM NAME			DAM REG. #		SIRE NAME			SIRE REG. #		CALF TATTOO		RE LE BOTH	PLACE EZE-IR TAG STICKER HERE		SEX	BIRTH DATE DD-MM-YY		TWIN SEX			
3	AI? Y/N *	ET? Y/N *	RECIPIENT ID ET only	COLOUR		HORNED <input type="checkbox"/>	CALF NAME (Maximum 30 characters)					SIRE OWNER SIGNATURE		BREEDING DATE DD-MM-YY							
						POLLED <input type="checkbox"/>															
TRANSFER TO:																NAME AND COMPLETE ADDRESS OF BUYER				SALE DATE DD-MM-YY	
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