



# Application for Registration

Female

Individual ID

Male

Primary Herd Management #

Tattoo

Left Ear	Right Ear
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## Calf Information

Date of Birth:

Is this estimated?

### Gestation Terms

- Normal
- Late
- Premature

### Birth Type

- 1 - Single
- 2 - Twin
- 3 - Triplet

### Twin Sex

- Female
- Male

### Calf Size

- Normal
- Large
- Small

**Embryo Transfer**

No

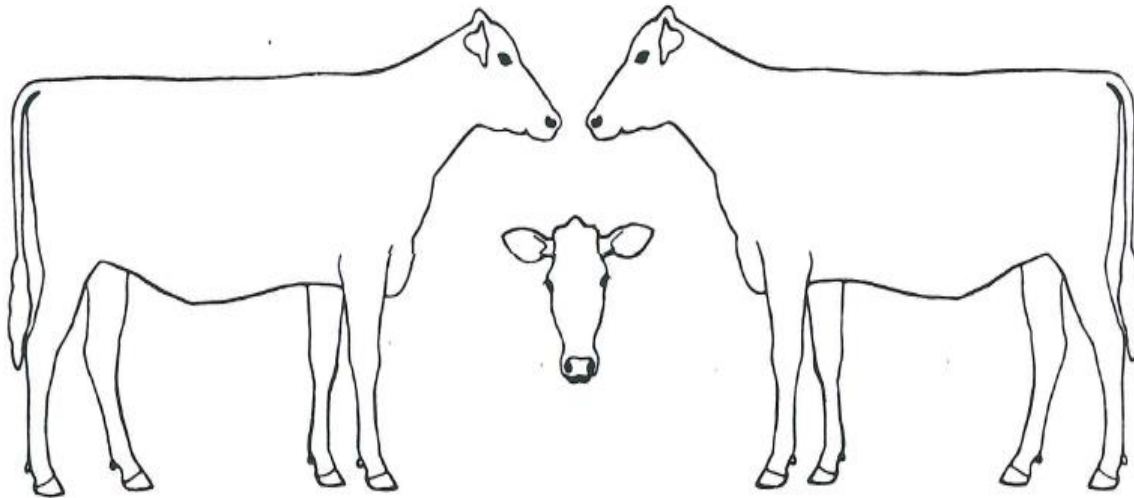
Yes \*

**Polled**

No

Yes

\* if yes, please complete E.T. Information section on reverse side



### *Dam*

Breed & Country Code	Individual ID or Reg #	Name
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### *Sire*

Breed & Country Code	Individual ID or Reg #	Name
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**Canadian Guernsey Association**

Box 610, Brantford ON N3T 5R4

Mail to:

## Embryo Transfer Information

### E.T. Information

<input type="checkbox"/> Regular	Frozen ID	Straw #	Recipient Dam - Individual ID or Reg #
<input type="checkbox"/> Manipulated	Date of Recovery		Date of Transplant
<input type="checkbox"/> Cloned	DD/MM/YY		DD/MM/YY

### Breeding Information

Service #	Service Type	Date of Service
<input type="checkbox"/> AI Technician		DD/MM/YY
<input type="checkbox"/> AI by Herd Owner		
<input type="checkbox"/> Natural		
<input type="checkbox"/> Pasture / Paddock		
Range of Dates (exposure to dam)		
DD/MM/YY	to	DD/MM/YY

### Previous Services

Service #	Service Type	Date of Service
<input type="checkbox"/> AI Technician		DD/MM/YY
<input type="checkbox"/> AI by Herd Owner		
<input type="checkbox"/> Natural		
<input type="checkbox"/> Pasture / Paddock		
Range of Dates (exposure to dam)		
DD/MM/YY	to	DD/MM/YY

same sire

Individual ID or Reg #	Name
Semen Code	

Service #	Service Type	Date of Service
<input type="checkbox"/> AI Technician		DD/MM/YY
<input type="checkbox"/> AI by Herd Owner		
<input type="checkbox"/> Natural		
<input type="checkbox"/> Pasture / Paddock		
Range of Dates (exposure to dam)		
DD/MM/YY	to	DD/MM/YY

same sire

Individual ID or Reg #	Name
Semen Code	

### Ownership Information

Membership Name
Account # or Prefix

### Application Details

#### Certificates Required

No  Yes

I declare that the information herein is to the best of my knowledge and belief true.

Signature
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More than 1 owner 

Membership Name
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Location of Calf 

Premises ID - ex: ON123475
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Date
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Comments
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