



**Canadian Livestock Records Corporation**  
 Telephone: (Toll-Free)1-877-833-7110 or 613-731-7110 Fax: 613-731-0704  
 Internet: [www.clrc.ca](http://www.clrc.ca) E-Mail: [clrc@clrc.ca](mailto:clrc@clrc.ca)

# Belted Galloway Society, Inc.

**MAIL TO:**  
 Canadian Livestock Records Corporation  
 2417 Holly Lane, Ottawa,  
 Ontario K1V 0M7  
 CANADA

## APPLICATION FOR REGISTRATION

Make checks payable to Canadian Livestock Records Corporation

All signatures must be in ink.  
 ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN.  
 All animals must be properly tattooed BEFORE they can be registered.

TO AVOID UNNECESSARY DELAY, PLEASE CHECK THIS APPLICATION FOR ERRORS AND OMISSIONS BEFORE SUBMITTING IT.

<b>Check if calf was produced as a result of:</b> Artificial Insemination <input type="checkbox"/> Embryo Transplant <input type="checkbox"/>	<b>Name:</b> (limited to 35 characters including spaces and must begin with the Farm Name of the 1st Owner) _____
--	--

Embryo Cert. No.	Leave Blank	<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Steer <input type="checkbox"/>	<b>Steers: Enter Date of Castration</b> _____	<b>Sex of Twin, if any</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
------------------	-------------	--	--	--

<b>Date of Birth</b>			<b>Tattoo (report all markings)</b>		<b>Other Identification (also check a box to the right)</b>		<b>Ear Tag</b> <input type="checkbox"/>	<b>Brand</b>
Month	Day	Year	Right Ear	Left Ear	Right Ear	Left Ear	RFID Tag <input type="checkbox"/>	Location

<p align="center">Sketch color pattern, outline belt and other white areas - note areas not shown.</p>	<b>COLOR</b> Black <input type="checkbox"/> Dun <input type="checkbox"/> Red <input type="checkbox"/>
<b>CHECK ALL APPLICABLE</b> <input type="checkbox"/> Incomplete belt (M1) <input type="checkbox"/> No belt (M2) <input type="checkbox"/> White hair (on or above the level of the dewclaw) (M3) <input type="checkbox"/> White elsewhere on the body (M4) <input type="checkbox"/> White hair below the level of the dewclaw(s) (W)	

Name of Sire:	Reg. No.
---------------	----------

Name of Dam: (Unregistered dams must be solid colored or belted, polled and of beef type)	Breed or Cross-bred (Required if unregistered)	Reg. No.
---	--	----------

Name and address of breeder (registered owner or lessee of dam at time of conception of this calf):	Member No.
---	------------

Name and address of owner at birth (registered owner or lessee of dam at time she gave birth to this calf)	Member No.
--	------------

Name and address of importer	Member No.
------------------------------	------------

I declare that the information herein is to the best of my knowledge and belief true, and that the above outline of the belt for this animal is correctly drawn, and that other white areas (if any) are correctly indicated.	Signature of owner at birth or importer. <input checked="" type="checkbox"/>	Date on which importer purchased animal. _____ Month Day Year
---	--	---

<b>PERFORMANCE RECORDS (OPTIONAL)</b>	WEANING WEIGHT _____ Lbs.	DATE WEIGHED _____	DATE OF BIRTH OF DAM _____	<b>Calving Ease</b>	
BIRTH WEIGHT _____ Lbs.	365 DAY WEIGHT _____ Lbs.	DATE WEIGHED _____	Month Day Year	U - Unassisted <input type="checkbox"/>	S - Surgical (Caesarean) <input type="checkbox"/>
				E - Easy Pull <input type="checkbox"/>	M - Malpresentation <input type="checkbox"/>
				H - Hard Pull <input type="checkbox"/>	

**CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate). (whenever possible, attach A.I. Service Report)**

I hereby declare that the herein named dam was served by the herein named sire on	Month	Day	Year	Or the herein named dam
was exposed to the herein named sire FROM	Month	Day	Year	TO Month Day Year

<input checked="" type="checkbox"/> _____ Signature of owner of dam at time of service	<input checked="" type="checkbox"/> _____ Signature of owner of sire at time of service	Member No. _____
---	--	------------------