



Canadian Livestock Records Corporation
 Telephone: (Toll-Free)1-877-833-7110 or 613-731-7110 Fax: 613-731-0704
 Internet: www.clrc.ca E-Mail: 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.

Check if calf was produced as a result of: Artificial Insemination <input type="checkbox"/> Embryo Transplant <input type="checkbox"/>	Name: (limited to 35 characters including spaces and must begin with the Farm Name of the 1st Owner) _____
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Embryo Cert. No. Leave Blank	Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Steer <input type="checkbox"/>	Steers: Enter Date of Castration Month Day Year	Sex of Twin, if any Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of Birth Month Day Year	Tattoo (report all markings) Right Ear Left Ear	Other Identification (also check a box to the right) Right Ear Left Ear	Brand Location Ear Tag <input type="checkbox"/> RFID Tag <input type="checkbox"/>
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COLOR	CHECK ALL APPLICABLE		
Black <input type="checkbox"/>	<input type="checkbox"/> Complete Belt	<input type="checkbox"/> Incomplete belt (M1)	<input type="checkbox"/> No belt (M2)
Dun <input type="checkbox"/>	<input type="checkbox"/> White hair (on or above the level of the dewclaw) (M3)	<input type="checkbox"/> White elsewhere on the body (M4)	
Red <input type="checkbox"/>	<input type="checkbox"/> White hair below the level of the dewclaw(s) (W)		

Name of Sire:	Reg. No.
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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.
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Name and address of breeder (registered owner or lessee of dam at time of conception of this calf):	Member No.
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Name and address of owner at birth (registered owner or lessee of dam at time she gave birth to this calf)	Member No.
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Name and address of importer	Member No.
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I declare that the information herein is to the best of my knowledge and belief true.	Signature of owner at birth or importer. X	Date on which importer purchased animal. Month Day Year
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PERFORMANCE RECORDS (OPTIONAL)	WEANING WEIGHT Lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM Month Day Year	Calving Ease 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"/>
BIRTH WEIGHT Lbs.	365 DAY WEIGHT Lbs.	DATE WEIGHED	Month Day Year	

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

X _____ Signature of owner of dam at time of service	X _____ Signature of owner of sire at time of service	Member No. _____
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