



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

Canadian Galloway Association

APPLICATION FOR REGISTRATION

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

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"/>	BREED (CHECK APPROPRIATE BOX) Galloway <input type="checkbox"/> Belted Galloway <input type="checkbox"/> Belted Appendix <input type="checkbox"/> White Galloway <input type="checkbox"/>	Embryo Cert. No.
--	---	------------------

Name: (not more than 30 characters including spaces and colour affix) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Colour Affix BLK, DUN, RED	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex of Twin, if any Male <input type="checkbox"/> Female <input type="checkbox"/>
--	--------------------------------------	---	---

Date of Birth <div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>	Tattoo (report all markings) <div style="display: flex; justify-content: space-between;"> <div>Right Ear</div> <div>Left Ear</div> </div>	National Ear Tag <div style="display: flex; justify-content: space-between;"> <div>Right Ear</div> <div>Left Ear</div> </div>	Colour Black <input type="checkbox"/> Dun <input type="checkbox"/> Red <input type="checkbox"/>
---	---	---	---

FOR PUREBRED BELTED GALLOWAYS: Is the belt continuous? <input type="checkbox"/> YES <input type="checkbox"/> NO FOR BELTED APPENDIX ANIMALS, please check one box in each of (i) and (ii): (i) <input type="checkbox"/> a) clean belt <input type="checkbox"/> b) irregular belt <input type="checkbox"/> c) incomplete belt (ii) <input type="checkbox"/> 1) narrow belt <input type="checkbox"/> 2) medium belt <input type="checkbox"/> 3) wide belt with no white on lower legs <input type="checkbox"/> 4) wide belt with white on lower legs FOR WHITE GALLOWAYS, please check one box in each (i) and (ii): (i) <input type="checkbox"/> a) coloured points with no other colour <input type="checkbox"/> b) coloured points with other coloured spots (ii) <input type="checkbox"/> 1) pale colour <input type="checkbox"/> 2) scant distinct colour <input type="checkbox"/> 3) abundant distinct colour	<p><i>For more information, please refer to Rules of Eligibility.</i></p>
---	--

Name of Sire:	Reg. No.
Name of Dam:	Reg. No.
Name and address of breeder including postal code (registered owner or lessee of dam at time of conception of this calf):	ID No.
Name and address of owner at birth including postal code (registered owner or lessee of dam at time she gave birth to this calf)	ID No.
Name and address of importer including postal code	ID No.

I declare that the information herein is to the best of my knowledge and belief true.	Signature of owner at birth or importer. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Date on which importer purchased animal. <div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>
---	--	--

PERFORMANCE RECORDS (OPTIONAL)	WEANING WEIGHT Lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM	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	<div style="display: flex; justify-content: space-between;"> <div>Day</div> <div>Month</div> <div>Year</div> </div>	

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	Day	Month	Year	Or the herein named dam
was exposed to the herein named sire FROM	Day	Month	Year	TO Day Month Year

<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Signature of owner of dam at time of service	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> Signature of owner of sire at time of service	ID No. _____
--	---	--------------