Registration Application / Birth & Weaning Worksheet (Form 1)

Member Number _____ Breeder Name _____ Telephone _____ Date Submitted_____Page____of ____

R R R R R R R R R R R

	Birth Worksheet																			Weaning Worksheet										
	Reg Calf Y/N	Serv Type	Tattoo		Herd ID	SEX	Birth Date			Registration Number		Birth Wt	Calv Ease	CLR	HPS	Twin	Birth Group	Name		Dam	Calf									
			Left	Right			Mo	Day	Yr	Sire	Dam									Wt	Wt	Date Weighed			Weaning		Sex	Hip Ht.	Disp	
																						Mo	Day	Yr	FC	Grp				
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R =Required Field

Owner's Signature _____

Submit this Application to:

Canadian Livestock Records Corporation, 201-2417 Holly Lane, Ottawa, Ont. K1V 0M7 CANADA

Telephone: 1-877-833-7110 (toll free) or 613-731-7110 Fax: 613-731-0704 E-mail: clrc@clrc.ca