

ALL SIGNATURES MUST BE IN INK.
ALL INFORMATION MUST BE FILLED IN, IN INK, OR TYPEWRITTEN.

CANADIAN SWINE BREEDERS' ASSOCIATION

APPLICATION FOR LITTER REGISTRATION AND TRANSFER OF OWNERSHIP

Mail to: Canadian Livestock Records Corporation
2417 Holly Lane, Ottawa, Ontario, K1V 0M7

STEP 1 - Breed of sire (Check one)

| | | | | | | |
|--------------|--------------|--------------|------------------|-------------------|------------|---------------|
| Yorkshire 61 | Duroc 67 | Tamworth 62 | Chester White 64 | Large Black 68 | Welsh 70 | Pietrain 72 |
| Landrace 98 | Hampshire 66 | Berkshire 63 | Poland China 65 | Br. Saddleback 69 | Spotted 71 | Red Wattle 73 |
| | | | Lacombe 74 | Other - Specify | | |

STEP 2 - Ownership

| | | |
|--|---|-------------------|
| Name and Address of Owner at Birth (owner or lessee of dam at time she gave birth) | | ID No. |
| If imported, Name and address of importer | Date on which importer purchased animal | |
| | Day | Month Year |
| | | Importer's ID No. |

STEP 3 - Litter information

| | | | | | |
|---|--------|----------|--|---|------|
| Check if animal was produced as a result of Natural <input type="checkbox"/> Artificial Insemination <input type="checkbox"/> Embryo Transfer <input type="checkbox"/> | | | If an Embryo Transfer, enter Embryo Certificate Number or attach white copy of Embryo Transfer form. | | |
| NUMBER OF PIGS IN THE LITTER | MALES | FEMALES | DATE OF BIRTH | | |
| → | | | Day | Month | Year |
| SIRE | Tattoo | Reg. No. | BREED | *HAL-1843 DNA Tested? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| DAM | Tattoo | Reg. No. | BREED | *HAL-1843 DNA Tested? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| CERTIFICATE OF SERVICE OF DAM | | | | | |
| I hereby declare that the herein named dam was bred by the herein named sire on | | | Date of service | | |
| | | | Day | Month | Year |
| X | | | X | | |
| Signature of owner of sire on date of service or authorized representative | | | Signature of owner of dam on date of service or authorized representative | | |

STEP 4 - List all tattooed pigs in the litter. **Paperless Registration of Litter? or Print Litter Certificate?

| Name of males | | | Name of females | | | | | |
|---|-----|-----------|-----------------|--|--|------------|-----------|-------------|
| Print individual Pig Certificate? | Sex | Right Ear | Left Ear | *HAL-1843 DNA Tested? | Name and Address of Buyer (If sold, a certificate will be printed) | ID. Number | Sale Date | Leave Blank |
| 1. Yes <input type="checkbox"/> No <input type="checkbox"/> | | Tattoo | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 2. Yes <input type="checkbox"/> No <input type="checkbox"/> | | Tattoo | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 3. Yes <input type="checkbox"/> No <input type="checkbox"/> | | Tattoo | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |

**If tested, attach official HAL-1843 DNA (PSS) test results form*
***Paperless registration of all tattooed piglets in the litter is put in the CLRC data bank and recorded with their registration numbers on your Record of Work Performed.*
N.B. Individual or litter certificate(s) can be printed with this application or at a later date.

| Print individual Pig Certificate? | Sex | Right Ear | Left Ear | *HAL-1843 DNA Tested? | Name and Address of Buyer (If sold, a certificate will be printed) | ID. Number | Sale Date | Leave Blank |
|---|-----|-----------|----------|---|--|------------|-----------|-------------|
| 4. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 5. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 6. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 7. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 8. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 9. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 10. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 11. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 12. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 13. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 14. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |
| 15. Yes No <input type="checkbox"/> <input type="checkbox"/> | | Tattoo | | Yes No <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | Notches | | | | | | |

N.B. If more space is required to list additional pigs in this litter, please attach a listing.

"I hereby certify that all information given here is accurate according to my records and the animals conform to the rules of eligibility for registration as set out in the by-laws of the association."

Date _____

X

Signature of owner at birth or importer