



# All Information Must Be Typed or Printed

For Office Use Only

<b>1</b>	Class	Animal Name	Date of Birth <small>Month/Day/Year</small>	Registration Number	<input type="checkbox"/> Canada	Tattoo Number	Sex									
					<input type="checkbox"/> US											
	Sire		Registration Number	Dam		Registration Number										
	Owner					<small>(If different than owner)</small>		<b>Bred &amp; Owned</b>								
Address					Breeder		Yes <input type="checkbox"/>									
City					City		No <input type="checkbox"/>									
State/Province			Postal Code		State/Province											
<input type="checkbox"/> Record of Cow Herself	Age	2x	3x	305d or less	Days	Milk	Lbs	Fat	%	Lbs	Protein	%	Lbs	<b>Early Release</b>		
<input type="checkbox"/> Record of Dam <small>Young Animals/Bulls</small>	<small>Years Months</small>	<input type="checkbox"/>	<input type="checkbox"/>	<b>306-365 Day</b> <small>(305d Required)</small>	Days	Lbs		%	Lbs		%	Lbs	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Class	Animal Name	Date of Birth <small>Month/Day/Year</small>	Registration Number	<input type="checkbox"/> Canada	Tattoo Number	Sex									
					<input type="checkbox"/> US											
	Sire		Registration Number	Dam		Registration Number										
	Owner					<small>(If different than owner)</small>		<b>Bred &amp; Owned</b>								
Address					Breeder		Yes <input type="checkbox"/>									
City					City		No <input type="checkbox"/>									
State/Province			Postal Code		State/Province											
<input type="checkbox"/> Record of Cow Herself	Age	2x	3x	305d or less	Days	Milk	Lbs	Fat	%	Lbs	Protein	%	Lbs	<b>Early Release</b>		
<input type="checkbox"/> Record of Dam <small>Young Animals/Bulls</small>	<small>Years Months</small>	<input type="checkbox"/>	<input type="checkbox"/>	<b>306-365 Day</b> <small>(305d Required)</small>	Days	Lbs		%	Lbs		%	Lbs	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Class	Animal Name	Date of Birth <small>Month/Day/Year</small>	Registration Number	<input type="checkbox"/> Canada	Tattoo Number	Sex									
					<input type="checkbox"/> US											
	Sire		Registration Number	Dam		Registration Number										
	Owner					<small>(If different than owner)</small>		<b>Bred &amp; Owned</b>								
Address					Breeder		Yes <input type="checkbox"/>									
City					City		No <input type="checkbox"/>									
State/Province			Postal Code		State/Province											
<input type="checkbox"/> Record of Cow Herself	Age	2x	3x	305d or less	Days	Milk	Lbs	Fat	%	Lbs	Protein	%	Lbs	<b>Early Release</b>		
<input type="checkbox"/> Record of Dam <small>Young Animals/Bulls</small>	<small>Years Months</small>	<input type="checkbox"/>	<input type="checkbox"/>	<b>306-365 Day</b> <small>(305d Required)</small>	Days	Lbs		%	Lbs		%	Lbs	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>