

MARITIME BEEF CATTLE TEST STATION
BULL APPLICATION FOR ENTRY

Breeder's Name: _____

Address: _____

Postal Code: _____

Telephone #: _____ **Fax #:** _____

Email: _____

*Note: In order to increase the likelihood that your tested bull receives a complete set of AgSights ABCs (across breed comparison EPDs), **please submit all below information on at least 5 animals from your herd.** Complete herd records increase the accuracy of the AgSights ABCs you receive on your on-test bulls.*

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease
U- Unassisted
E- Easy Pull
H- Hard Pull

Born as
S- Single
T- Twin

Raised as
S- Single
T- Twin

Weaning Weight _____

Weaning Date _____

Sire's Name _____

Sire's Tattoo _____

Dam's Tattoo _____

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease
U- Unassisted
E- Easy Pull
H- Hard Pull

Born as
S- Single
T- Twin

Raised as
S- Single
T- Twin

Weaning Weight _____

Weaning Date _____

Sire's Name _____

Sire's Tattoo _____

Dam's Tattoo _____

Tattoo _____
CCIA Identification # _____
Breed _____
Birth Date _____
Birth Weight _____
Calving Ease U- Unassisted
E- Easy Pull
H- Hard Pull
S- Single
Born as T- Twin
Raised as S- Single
T- Twin
Weaning Weight _____
Weaning Date _____
Sire's Name _____
Sire's Tattoo _____
Dam's Tattoo _____

Tattoo _____
CCIA Identification # _____
Breed _____
Birth Date _____
Birth Weight _____
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E- Easy Pull
H- Hard Pull
S- Single
Born as T- Twin
Raised as S- Single
T- Twin
Weaning Weight _____
Weaning Date _____
Sire's Name _____
Sire's Tattoo _____
Dam's Tattoo _____

Tattoo _____
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Sire's Tattoo _____
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