

MARITIME BEEF CATTLE TEST STATION
HEIFER APPLICATION FOR ENTRY

Breeder's Name: _____

Address: _____

Postal Code: _____

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

Email: _____

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease _____

- U- Unassisted
- E- Easy Pull
- H- Hard Pull
- S- Single

Born as _____

- S- Single
- T- Twin

Raised as _____

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
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Born as _____

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Weaning Weight _____

Weaning Date _____

Sire's Name _____

Sire's Tattoo _____

Dam's Tattoo _____

Tattoo _____
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S- Single
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Raised as S- Single
T- Twin
Weaning Weight _____
Weaning Date _____
Sire's Name _____
Sire's Tattoo _____
Dam's Tattoo _____

Tattoo _____
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