

MARITIME BEEF CATTLE TEST STATION

BULL APPLICATION FOR ENTRY

Breeder's Name: _____

Address: (Inc. Postal Code) _____

Telephone Number: _____

Fax Number: _____

Email: _____

*Note: Please submit all information below **on at least five animals from your herd**. Completing herd records increases the accuracy of your on-test bulls.*

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease
 U- Unassisted
 E- Easy Pull
 H- Hard Pull
 S- Single
 T- Twin

Born as
 S- Single
 T- Twin

Waning Weight _____

Waning Date _____

Sire's Name _____

Sire's Tattoo _____

Dam's Tattoo _____

Horn
 P-Polled
 S-Scurred
 H-Horned

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

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Weaning Weight _____

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