



MARITIME BEEF CATTLE TEST STATION ANIMAL APPLICATION FOR ENTRY

Breeder's Name: _____

Address: _____

Postal Code: _____

Phone #: _____ **Fax #:** _____

Email: _____

Tattoo _____

Tattoo _____

Registration # _____

Registration # _____

Dam _____

Dam _____

Sire _____

Sire _____

Dam Birth Date _____

Dam Birth Date _____

Sire Birth Date _____

Sire Birth Date _____

Breed _____

Breed _____

Lambing/Calving Period
(Start and End Dates) _____

Lambing Period/Calving
(Start and End Dates) _____

Birth Date _____

Birth Date _____

Birth Weight _____

Birth Weight _____

Lambing/Calving Ease
U- Unassisted
E- Easy Pull
H- Hard Pull
M-Malpresented
S-Surgical

Lambing/Calving Ease
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E- Easy Pull
H- Hard Pull
M-Malpresented
S-Surgical

Born as
S- Single
T- Twin
TR-Triplet

Born as
S- Single
T- Twin
TR-Triplet

Raised as
S- Single
T- Twin
TR-Triplet

Raised as
S- Single
T- Twin
TR-Triplet

Bred
Open

Bred
Open

Heifers Only

Heifers Only

Tattoo _____
Registration # _____
Dam _____
Sire _____
Dam Birth Date _____
Sire Birth Date _____
Breed _____
Lambing/Calving Period
(Start and End Dates) _____
Birth Date _____
Birth Weight _____

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