



CANADIAN LIVESTOCK RECORDS CORPORATION
2417 Holly Lane, Ottawa, Ontario, Canada K1V 0M7

American Galloway Breeders Association

APPLICATION FOR REGISTRATION



Name _____
 Id. No. _____
 Address _____
 Town _____
 State _____ Zip Code _____

Print or Type all Information, except Signatures

BREED (CHECK APPROPRIATE BOX)

Galloway White Galloway

BREEDING INFORMATION Service (1)	Animal Name (25 characters max. including spaces)	Sex M/F/ Steer	Sex of Twin M/F/Steer	Sex of Triplet M/F/Steer	Birth Date			Tattoo		Color (2)	(AGBA USE ONLY)
					Mo.	Day	Year	Lt.Ear	Rt.Ear		
A <input type="checkbox"/>											
E <input type="checkbox"/>	FOR WHITE GALLOWAYS, please check one box in each of (i) and (ii) : (i) <input type="checkbox"/> a) colored points with no other color <input type="checkbox"/> b) colored points with other colored spots <input type="checkbox"/> c) colored points with colored sides (ii) <input type="checkbox"/> 1) pale color <input type="checkbox"/> 2) scant distinct color <input type="checkbox"/> 3) abundant distinct color										
N <input type="checkbox"/>											

SIRE	Name	Reg. No.	DAM	Name	Reg. No.

SERVICE DATE:			Or			To					
Month	Day	Year	From	Month	Day	Year	Month	Day	Year		
Mgt (3)	Calving Ease (4)	Birth Weight (lbs.)	WEANING DATA			YEARLING DATA			Transfer Details:		
			Weight Date	Actual Weight (lbs.)	Weight Date	Actual Weight (lbs.)	Date of Sale:				
			Month	Day	Year	Month	Day	Year	Month	Day	Year

Transfer of Ownership:
 Buyer Name: _____ Address: _____
 Buyer Seller

(1) SERVICE A - Artificial Insemination E - Embryo Transfer N - Natural Service	(2) COLOR B - Black WB - White With Black Points D - Dun WD - White With Dun Points R - Red WR - White With Red Points	(3) MANAGEMENT CODES 1 - Raised by Natural Dam, No Creep Feed 2 - Dam and Creep Feed (6 weeks or longer) 3 - Irregulars: Premature, Sick, Injured, Twin, Graft, etc.	(4) CALVING EASE CODES 1 - No Assistance 2 - Easy to Assist 3 - Difficult to Assist 4 - Caesarean 5. Abdominal Presentation
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All of the above information adheres to the AGBA By-Laws and is true and accurate to the best of my knowledge.

Signature of Owner at Birth **X** _____ Date _____

MAIL TO: Canadian Livestock Records Corporation,
2417 Holly Lane, Ottawa, Ontario Canada K1V 0M7