AYRSHIRE CANADA - APPLICATION FOR REGISTRATION (S)

C.P. 610, Brantford, Ontario, N3T 5R4 PHONE: (450) 778-3535 EXT 203 FAX: (519) 756-3502

AYRSHIRE CANADA

NAME _____

ADDRESS: _____

_____

_____

MEMBERSHIP ID:

PHONE # :

FAX # :

ACCESS TO PEDIGREES ON AYRSHIRE WEBSITE

You can conclude a credit card payment agreement by contacting member services

ET √	Embryo No.	DAM REG. NUMBER	SIRE REG. NUMBER	AI √	BREEDING DATE	CALF Tattoo or NLID/ATQ TAG	BIRTH DATE	SEX M/F	TWIN √	Polled	# AI SLIP	Bred by membership ID if different from above
DAM NAME			**SIRE NAME**			**NAME OF CALF** Maximum of 30 characters						
ET				**AI**	ddj/mm/yy	NLID/ATQ Tag	Tattoo	ddj/mm/yy	M/F	Twin	P		
ET				**AI**	dd/mm/yy	NLID/ATQ Tag	Tattoo	dd/mm/yy	M/F	Twin	P		
ET				**AI**	dd/mm/yy	NLID/ATQ Tag	Tattoo	dd/mm/yy	M/F	Twin	P		
ET				**AI**	dd/mm/yy	NLID/ATQ Tag	Tattoo	dd/mm/yy	M/F	Twin	P		
ET				**AI**	dd/mm/yy	NLID/ATQ Tag	Tattoo	dd/mm/yy	M/F	Twin	P		

Breeder(s) signature indicating that all information contained in this report is true : _____

Date: _____ _____