

Square Meaters Cattle Association of Australia

PROGENY RECORDING FORM

(Interim Registration Application)

PO Box 189
KIAMA NSW 2533
Ph: 02 4232 3333
Fax: 02 4232 3350
Email: squaremeaters@bigpond.com

Breeder : _____
 Address : _____
 Phone : _____

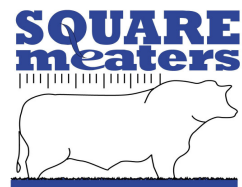
Tattoo Prefix: _____
 Stud Prefix: _____
 PIC: _____
 Email: _____

I N T E R I M R E G I S T R E D C O S T	Qty Females:	@	10.00	
	Qty Males:	@	10.00	
	Total Value:			
	Office Use:			

Item No	CALF										SIRE				DAM			
	Year	IDENT No	NAME	AI ET	Twin	DOB			Sex	Colour	Tick Fever	CALF RECORDED NLIS NUMBER	IDENT No.		NAME	IDENT No.		NAME
		TATTOO				DD	MM	YY					Prefix	YR / #		Prefix	YR / #	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Colours: NOTE: In lodging this form I hereby state the information provided in relation to the animals listed above is true & correct.

Silver	S	Silver/Grey	S/G	Grey	G	Dark Grey	DG	Commercial Progeny Born	M		
<i>Note: Dark Grey includes all brown colours</i>								F	<i>Type Principles Name</i>		<i>Type Date</i>



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		TATTOO							Prefix	YR / #						Prefix	YR / #				
11																					
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