



# Square Meaters Cattle Association of Australia

## CALF RECORDING FORM

PO Box 431  
SHELLHARBOUR CITY NSW 2529  
PH: 02 42323333  
info@squaremeaters.com.au

**Breeder :**

**Address :**

**Phone:**

**Tattoo Prefix:**  **Qty Females:**  @ \$

**Stud Prefix:**  **Qty Males:**  @ \$

**PIC:**  **Total Value:**

**Email:**  **Office Use:**

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

**Colours:**  Silver **S**  Silver/Grey **S/G**  Grey **G**  Dark Grey **DG**  **Commercial Progeny Born**  **M**  **F**

*Note: Dark Grey includes all brown colours*

*Print/Type/Sign Principles Name* *Print/Type Date*