www.cdnangus.ca ● email: cdnangus@cdnangus.ca

Unit 14 – 620 1st AVE NW Airdrie, AB T4B 2R3 ● Phone: (403) 571-3580 ● Toll-Free: 1-888-571-3580

# Embryo Transplant Application for Registration

Membership Name: _____ Date: _____

Membership Number: _____ Phone/Fax: _____

Address: _____

Donor Dam: _____ Donor Sire: _____

Tattoo: _____ Tattoo: _____

Registration #: _____ Registration #: _____

Flush Recovery Date (if known): _____

(*up to 6 calves from the same flush can be submitted on one form, a different form is to be used for each different flush*)

| Recip Ident (reg # if registered Angus female) | AI or NAT? Service | Implant Date: dd/mm/yy | By IVF (Y/N) | R/E Tattoo Tag | Birthdate dd/mm/yy | Sex | Num Born | CE | BW | Bth Group | Colour | Reg Now | E Stor | Name of calf: |
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Signature of Breeder that all information contained in this report is true _____