

Red Angus Genetic Defect Report

Mail Completed Form To:
Red Angus Association of America
4201 N. Interstate 35
Denton, TX 76207

Owner: _____ RAAA Member #: _____
Address: _____ Phone: _____
_____ Email: _____

Attending Veterinarian: _____ Phone: _____
Address: _____ Email: _____

Animal (I.D./ Reg#) possessing physical abnormalities: _____

Sex: _____ Date of Birth: _____ Date of Death (if applicable): _____

Was calf a twin: _____ If yes, I.D. of twin _____

Sire Breed & I.D./ Reg#: _____

Existing blood/DNA case, Lab/Case#: _____

Dam Breed & I.D./ Reg #: _____

Existing blood/DNA case, Lab/Case#: _____

Breeding record of dam when abnormal calf was conceived

First Service Date: _____ Bull I.D./ Reg#: _____

Second Service Date: _____ Bull I.D./ Reg#: _____

Third Service Date: _____ Bull I.D./ Reg#: _____

Detailed description of abnormal animal (Completed by veterinarian, if possible):

I certify that the provided information is correct and agree to comply with all instructions further given by RAAA.

Signature of Owner: _____ Date: _____