

Red Angus

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APPLICATION REPORT FOR EMBRYO REGISTRATION

Member Number:
 Name:
 Address:
 City, State, Zip:

I have reported the following to the RAAA National Office: 1) any animals exhibiting characteristics of genetic defects; and 2) any DNA test results in my possession, that identify the genetic defect status of registered animals, (See RR, Section C.7).
This box must be checked for work to be processed.

DAC	DAM REG#	DAM DOB	DISP		CALF ID/PFX	CALF REG#	D.O.B.	SEX	BWT	CE	Uddr Susp	Teat Sz	BW GRP
CALF INFO			TWN	MTG	CLR	HPS	REG	PRINT	NAME				
			WEAN DATE		WEAN WT		WEAN GRP	FC	DAM WT		DAM HT		BCS
DAM ID	DAM PFX	DISP	REAS										
SAC	SIRE REG#												
FLUSH DATE		RECIPIENT REG#	OWNER OF DONOR DAM AT FLUSH				NAME OF EMBRYOLOGIST			CITY/STATE			
Transfer On Entry:	Name		Address				City, State, Zip			Member #		Date of Sale	

DAC	DAM REG#	DAM DOB	DISP		CALF ID/PFX	CALF REG#	D.O.B.	SEX	BWT	CE	Uddr Susp	Teat Sz	BW GRP
CALF INFO			TWN	MTG	CLR	HPS	REG	PRINT	NAME				
			WEAN DATE		WEAN WT		WEAN GRP	FC	DAM WT		DAM HT		BCS
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