

Red Angus

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APPLICATION REPORT FOR CLONE REGISTRATION

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

DAC	DAM REG#	DAM DOB	OTZ - TFCO	DISP	CALF ID/PFX	CALF REG#	D.O.B.	SEX	BWT	CE	Uddr Susp	Teat Sz	BW GRP
DAM ID	DAM PFX	DISP		REAS	TWN	MTG	CLR	HPS	REG	PRINT	NAME		
SAC	SIRE REG#			WEAN DATE	WEAN WT	WEAN GRP	FC	DAM WT	DAM HT	BCS			
IMPLANT DATE				ORIGINAL ANIMAL REG #			LABORATORY						
Transfer On Entry:	Name		Address			City, State, Zip		Member #	Date of Sale				

DAC	DAM REG#	DAM DOB	OTZ - TFCO	DISP	CALF ID/PFX	CALF REG#	D.O.B.	SEX	BWT	CE	Uddr Susp	Teat Sz	BW GRP
DAM ID	DAM PFX	DISP		REAS	TWN	MTG	CLR	HPS	REG	PRINT	NAME		
SAC	SIRE REG#			WEAN DATE	WEAN WT	WEAN GRP	FC	DAM WT	DAM HT	BCS			
IMPLANT DATE				ORIGINAL ANIMAL REG #			LABORATORY						
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DAM ID	DAM PFX	DISP		REAS	TWN	MTG	CLR	HPS	REG	PRINT	NAME		
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