

# Red Angus Genetic Defect Report

Mail Completed Form To:  
Red Angus Association of America  
18335 E 103rd Ave, Suite 202  
Commerce City, CO 80022

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: \_\_\_\_\_