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# CLONE REGISTRATION APPLICATION

Member Number:

Name:

Address:

City, State, Zip:

D.A.C.	DAM REG #	DAM DOB		CALF EID / 2ND ID	CALF INFO	DISP	CALF ID / PFX		CALF REG #	BIRTHDATE	SEX	BWT	CE	SUSP	TEAT	BW GRP	
DAM PRFX	DAM ID	DISP	REAS CD	DAM EID / 2ND ID		TWIN	MTG	CLR	HPS	REG	PRINT	NAME					
S.A.C.	SIRE REGISTRATION			SIRE EID / 2ND ID		WEAN DATE	WEAN WT		WEAN GRP		FC	DAM WT		DAM HT	BCS		
IMPLANT DATE						ORIGINAL ANIMAL REGISTRATION #					LABORATORY						
TRANSFER ON ENTRY:	NAME					ADDRESS					CITY, ST, ZIP			MEMBER NO.		DATE OF SALE	

D.A.C.	DAM REG #	DAM DOB		CALF EID / 2ND ID	CALF INFO	DISP	CALF ID / PFX		CALF REG #	BIRTHDATE	SEX	BWT	CE	SUSP	TEAT	BW GRP	
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