

18335 E 103rd Ave Suite 202 Commerce City, CO 80022 (940) 387-3502 ~ Fax (888)-829-6069 data@redangus.org | redangus.org

EMBRYO REGISTRATION APPLICATION

Member Number:

Name:

Address:

City, State, Zip:

D.A.C	A.C DAM REG #		REG # DAM DOB		CALF EID / 2ND ID		DISP	CALF ID / PFX		CALF REG #		BIRTHDAT	BIRTHDATE		BWT	CE	SUSP	TEAT	BW GRP	
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DAM PRFX	DAM ID		DISP	REAS CD	DONOR DAM EID / 2ND ID	Ē	TWIN	MTG	CLR	HPS	REG	PRINT	NAME							
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S.A.C	SIRE REC	GISTRA	TION		SIRE EID / 2ND ID	N F O	WEAN DAT	ΓĖ	WEAN WT	WEAN WT		RP .	FC	DAM WT		DAM HT		BCS		
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FLUSH DATE	RECIPIENT REG #			:	RECIP EID / 2ND ID	OWN	OWNER OF DONOR DAM AT FLUSH					NAME OF EMBRYOLOGIST				CITY, STATE				
TRANSFER ON ENTRY:	R NAME					ADDI	ADDRESS						CITY, ST, ZIP ME				BER NO. DATE OF SALE			
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TRANSFER ON	NAME					ADDI	ADDRESS					CITY, ST, ZIP MEMBI				ER NO. DATE OF SALE				
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TRANSFER						ADDRESS					CITY ST 7ID				MEMBE	MBER NO. DATE OF SALE				
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