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EMBRYO 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	DONOR 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	
FLUSH DATE	RECIPIENT REG #		RECIP EID / 2ND ID			OWNER OF DONOR DAM AT FLUSH				NAME OF EMBRYOLOGIST			CITY, STATE			
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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