



**Canadian Livestock Records Corporation**  
 Telephone: (Toll-Free) 1-877-833-7110 or 613-731-7110 Fax: 613-731-0704  
 Internet: [www.clrc.ca](http://www.clrc.ca) E-Mail: [clrc@clrc.ca](mailto:clrc@clrc.ca)

# Belted Galloway Society, Inc.

**MAIL TO:**  
 Canadian Livestock Records Corporation  
 2417 Holly Lane, Ottawa,  
 Ontario K1V 0M7  
 CANADA

APPLICATION FOR REGISTRATION  
 Make checks payable to Canadian Livestock Records Corporation

All signatures must be in ink.  
 ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN.  
 All animals must be properly tattooed BEFORE they can be registered.

**TO AVOID UNNECESSARY DELAY, PLEASE CHECK THIS APPLICATION FOR ERRORS AND OMISSIONS BEFORE SUBMITTING IT.**

Check if calf was produced as a result of:      Name: (limited to 35 characters including spaces and must begin with the Farm Name of the 1st Owner)

Artificial Insemination     Embryo Transplant

Embryo Cert. No.    Leave Blank      Sex      Steers: Enter Date of Castration      Sex of Twin, if any

Male       Female       Steer       Month    Day    Year      Male       Female

Date of Birth      Tattoo (report all markings)      Other Identification (also check a box to the right)      Ear Tag       Brand

Month    Day    Year      Right Ear    Left Ear      Right Ear    Left Ear      RFID Tag       Location

Sketch color pattern, outline belt and other white areas - note areas not shown.

**COLOR**

Black     Dun     Red

**CHECK ALL APPLICABLE**

Incomplete belt (M1)

No belt (M2)

White hair (on or above the level of the dewclaw) (M3)

White elsewhere on the body (M4)

White hair below the level of the dewclaw(s) (W)

Name of Sire: \_\_\_\_\_ Reg. No. \_\_\_\_\_

Name of Dam: (Unregistered dams must be solid colored or belted, polled and of beef type) \_\_\_\_\_ Breed or Cross-bred (Required if unregistered) \_\_\_\_\_ Reg. No. \_\_\_\_\_

Name and address of breeder (registered owner or lessee of dam at time of conception of this calf): \_\_\_\_\_ Member No. \_\_\_\_\_

Name and address of owner at birth (registered owner or lessee of dam at time she gave birth to this calf): \_\_\_\_\_ Member No. \_\_\_\_\_

Name and address of importer \_\_\_\_\_ Member No. \_\_\_\_\_

I declare that the information herein is to the best of my knowledge and belief true, and that the above outline of the belt for this animal is correctly drawn, and that other white areas (if any) are correctly indicated.      X      Signature of owner at birth or importer.      Date on which importer purchased animal.

Month    Day    Year

<b>PERFORMANCE RECORDS (OPTIONAL)</b>	WEANING WEIGHT Lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM	Calving Ease
BIRTH WEIGHT Lbs.	365 DAY WEIGHT Lbs.	DATE WEIGHED	Month    Day    Year	U - Unassisted <input type="checkbox"/> S - Surgical (Caesarean) <input type="checkbox"/> E - Easy Pull <input type="checkbox"/> M - Malpresentation <input type="checkbox"/> H - Hard Pull <input type="checkbox"/>

**CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate). (whenever possible, attach A.I. Service Report)**

I hereby declare that the herein named dam was served by the herein named sire on \_\_\_\_\_ Month    Day    Year      Or the herein named dam

was exposed to the herein named sire FROM \_\_\_\_\_ Month    Day    Year      TO \_\_\_\_\_ Month    Day    Year

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of owner of dam at time of service      Signature of owner of sire at time of service      Member No. \_\_\_\_\_