

# MULTIPLE REGISTRATION APPLICATION

BREEDER ADDRESS

NO



## CALVING WORKSHEET

Send to: 19590 E. Mainstreet #202, Parker CO 80138  
 Tel: (303) 840-4343 \* Fax: (303) 770-9302 \* Web: www.usa-lowline.org

I certify that this is a correct statement and I desire to have same recorded in the American Lowline Registry. In consideration of which I agree to abide and be bound by the rules and regulations of the Registry. This information may be used for breed improvement programs.

SIGNATURE (OWNER OF DAM AT CALVING)

DATE

COW HERD INVENTORY				CALVING DATA													REGISTRATION				WEANING DATA				
1 DAM'S HERD ID #	2 DAM'S REGISTRATION NUMBER	3 DAM'S TATTOO 4 RIGHT EAR 4 LEFT EAR		9 SEX	10 DATE CALVED	11 CALF'S TATTOO 11 RIGHT EAR	12 CALF'S TATTOO 12 LEFT EAR	13 CALF'S HERD ID #	14 PSH	15 SERVICE	16 COLOR	17 SIRE'S REG #	18 SIRE'S NAME	19 BIRTH WEIGHT	20 CE	21 NO BIRTH	22 REGO STATUS	23 NAME OF CALF	24 DATE WEIGHED	25 WEANING WEIGHT	26 MGT CD	27 GRP	28 TMP SCR	29 HH	
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**SERVICE STATEMENT**

CALF(CALVES) \_\_\_\_\_ I CERTIFY THAT MY BULL \_\_\_\_\_

LINE NUMBER(S)

(BULL'S NAME)

(REGISTRATION NUMBER)

SERVED COW(COWS) \_\_\_\_\_ ON THIS DATE \_\_\_\_\_ OR PASTURE EXPOSED FROM \_\_\_\_\_ THRU \_\_\_\_\_

LINE NUMBER(S)

SIGNED

ADDRESS

DATE

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I CERTIFY THAT MY BULL \_\_\_\_\_ (BULL'S NAME) \_\_\_\_\_ (REGISTRATION NUMBER)

SERVED COW(COWS) \_\_\_\_\_ (LINE NUMBER(S)) ON THIS DATE \_\_\_\_\_ OR PASTURE EXPOSED FROM \_\_\_\_\_ THRU \_\_\_\_\_

\_\_\_\_\_  
SIGNED ADDRESS DATE

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