



Galloway Cattle Society of New Zealand (Inc)

MALE PROGENY RETURN & REGISTRATION APPLICATION

Calves born before 1 January 2011

BREEDERS NAME			ADDRESS				BREED			
HERD NAME		ABV	No.	AHB No.	PHONE		EMAIL			SEX
										MALE

CALF							SIRE				DAM			
1	2	Name <small>(max 12 characters including spaces)</small>	Tag	DOB	3	4	ABV	Name	Tag	HB No	ABV	Name	Tag	HB No

- Notes
- 1 Place tick in this column against calves you wish to register
 - 2 Leave blank for Herd Book No.
 - 3 Colour; r=red; d=dun; b=black
 - 4 wf=white foot; wt=white tail tip; ai=artificial insemination; et=embryo transfer; mn=mannosidosis negative (copy of test result req'd if not from negative parentage)

No. _____ Late Registrations @ \$24 each \$ _____

TOTAL \$ _____

I / we hereby certify that the above particulars are true and correct and that all animals (calf, sire and dam) have been inspected free of scurs.

Breeders Signature _____ Date _____

Please send completed return with payment to the registrar
 REGISTRAR: Carole Millar, 272 Umutoi North Road, RD1, Apiti 4771
 Phone: 06 328 4877 Email: gallowaycattlenz@gmail.com