



GALLOWAY CATTLE SOCIETY
OF
NEW ZEALAND (INC)

OFFICIAL REGISTRATION FORM

Animal **FULL** Name _____ Tag Number _____ Herd Book Number: _____

Gender: MALE / FEMALE Date of Birth: _____

SIRE Name _____ Tag _____ HB No _____

Number _____

DAM Name _____ Tag _____ HB No _____

Number _____

Mannosidosis Status: CLEAR / CLEAR BY PARENTAGE / POSITIVE / NOT TESTED (Please circle)

OWNER Name _____ Stud Name _____

Address: _____

Email: _____ Phone: _____ Herd No: _____

DECLARATION: I declare that the above information is true and correct

Owner Signature: _____ Date: _____

- This Form **MUST** be fully completed
- The owner needs to have signed this Form
- Please send this form to the Registrar using the contact details below
- Receipt of the completed Form will be acknowledged
- The Owner will be invoiced by the Treasurer for the Registration fee of \$17.50 (GST Incl.)

Registrar: John Berridge, 11 Canterbury Park Lane, Ellerslie, Auckland 1051

Email: info@nzgalloway.co.nz | Website: www.nzgalloway.co.nz | Phone: 0274 769 304