CHAROLAIS SOCIETY OF AUSTRALIA LTD
ACN 058 202 449

Form C1 - APPLICATION for REGISTRATION

No.

Mail this copy with fees to:

The Secretary
PO Box 772
Armidale NSW 2350

Your Registered Herd Tattoo

No. Registrations =

Amount Payable = $

Breeder Name _____ BLOCK LETTERS PLEASE

Denotes information which must be filled in

	DAM Ident and Name		SIRE Ident and Name			CALF																	
	Herd / Tattoo / NAME (breed description for Base Dams)	PERMIT	Herd / Tattoo / NAME	AI Date or Date In (for Paddock Mating) Day Month Year	Mating	IDENT Yr	IDENT Number	IDENT Gde	BIRTH DATE Day	BIRTH DATE Month	BIRTH DATE Year	Birth Wt (kg)	Manag.Group	Calving	Fate	Sex	Twin Y/N	ET Y/N	Recip. Breed / Tattoo	Horn	Colour	Register ?
						NAME (don't write prefix)																
	HHH F3D / HHH Annie		HHH F19E / HHH Neoclassic			M / Maxine	1	E	01	01	92	38	1	1	1	H	N	Y	Heref Ang / C14	P	R	Y
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						

I hereby certify that the information given above is correct and indemnify the Charolais Society of Australia Ltd against any resultant claim.

Signed .....

Date / /

'P' if used with permission of owner (please include copy of letter)

A - AI
P - paddock/natural - in date required
H - hand mated/observed mating - actual date required

CALVING
Blank - not recorded
1 - No difficulty
2 - Easy pull
3 - Hard pull
4 - Surgical delivery
5 - Abnormal

Blank - Alive
1 - Dead at birth
2 - Died within 48 hours

SEX
H - Heifer
B - Bull
S - Steer

HORN
H-Horned
P-Polled
S-Scurred

COLOUR
R = Red factor
W = White

Register? Y/N