

CANADIAN SHORTHORN ASSOCIATION CALVING REPORT AND REGISTRATION APPLICATION

MEMBERSHIP NAME _____

ID NUMBER _____

STREET ADDRESS _____

DATE _____

CITY, PROVINCE, POSTAL CODE _____ TELEPHONE NUMBER _____



AUTHORIZED SIGNATURE _____

PLEASE MAIL TO: CANADIAN SHORTHORN ASSOCIATION BOX 3771, REGINA, SASKATCHEWAN S4P 3N8

E X A M P L E	DAM TATTOO		DAM REGISTRATION NUMBER		DAM DISPOSAL CODE and DATE		SIRE TATTOO		SIRE REGISTRATION NUMBER		CALF TATTOO		LE RE BOTH	NATIONAL HEALTH EAR TAG		SEX M/F/S	DATE OF BIRTH (DD-MM-YY)		TWIN SEX M/F/S	CE	BIRTH WEIGHT Lbs.				
	REG? (Y/N)	*AI? (Y/N)	*ET? (Y/N)	RECIPIENT ID ET only		COLOUR		(H/P)		CALF'S REGISTERED NAME (COMPLETE THIS LINE ONLY FOR CALVES TO BE REGISTERED) <i>not to exceed 30 characters including spaces</i>										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE OF DAM (DD-MM-YY)	
	BAR CODE - PLEASE DO NOT WRITE HERE								TRANSFER INFORMATION (INCLUDE NAME AND COMPLETE ADDRESS OF NEW OWNER, PEDIGREE WILL BE RETURNED TO BREEDER.)												SALE DATE (DD-MM-YY)				
1	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT				
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR		(H/P)		NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE DD-MM-YY	
	TRANSFER TO:																				SALE DATE DD-MM-YY				
2	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT				
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR		(H/P)		NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE DD-MM-YY	
	TRANSFER TO:																				SALE DATE DD-MM-YY				
3	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT				
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR		(H/P)		NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE DD-MM-YY	
	TRANSFER TO:																				SALE DATE DD-MM-YY				
4	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT				
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR		(H/P)		NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE DD-MM-YY	
	TRANSFER TO:																				SALE DATE DD-MM-YY				
5	DAM TATTOO		DAM REG. #		DAM DISPOSAL		SIRE TATTOO		SIRE REG. #		TATTOO		RE LE BOTH	NATIONAL HEALTH EAR TAG		SEX	BIRTH DATE DD-MM-YY		TWIN SEX	CE	BIRTH WEIGHT				
	REG?	AI?	ET?	RECIPIENT ID ET only		COLOUR		(H/P)		NAME OF CALF										SIRE/SEMEN OWNER SIGNATURE				BREEDING DATE DD-MM-YY	
	TRANSFER TO:																				SALE DATE DD-MM-YY				

E X A M P L E	1	DAM TATTOO		DAM REGISTRATION NUMBER		DAM DISPOSAL CODE and DATE		SIRE TATTOO		SIRE REGISTRATION NUMBER		CALF TATTOO		LE RE BOTH	NATIONAL HEALTH EAR TAG		SEX M/F/S	DATE OF BIRTH (DD-MM-YY)		TWIN SEX M/F/S	CE	BIRTH WEIGHT Lbs.		
	2	REG? (Y/N)	*AI? (Y/N)	*ET? (Y/N)	RECIPIENT ID ET only		COLOUR		(H/P)	CALF'S REGISTERED NAME (COMPLETE THIS LINE ONLY FOR CALVES TO BE REGISTERED) <i>not to exceed 30 characters including spaces</i>							SIRE/SEMEN OWNER SIGNATURE			BREEDING DATE OF DAM (DD-MM-YY)				
	3	BAR CODE - PLEASE DO NOT WRITE HERE						TRANSFER INFORMATION (INCLUDE NAME AND COMPLETE ADDRESS OF NEW OWNER, PEDIGREE WILL BE RETURNED TO BREEDER.)														SALE DATE (DD-MM-YY)		
1		DAM TATTOO ABC 100Y		DAM REG. # [CAN]F700000		A-1 16-01-00		SI ZZZ 5C JO		[CAN]*10000		ABC 1L		RE RE BOTH	NATION 50000000		EAR TAG	F X	BIRTH DATE 01-02-01		TWIN SEX M	U	BIRTH 80 WEIGHT	
		Y	N	N	RECIPIENT ID ET only		COLOUR RR		P	A S A S L M ' S L U C K Y 1 L C A L F							John Smith			BREEDING DATE 10-05-00				
							TRANSFER TO: JOHN Q. PUBLIC FAMILY, R R 3, BOX 72, ANYTOWN, AB T2J 0X3														SALE DATE 28-02-01		

INSTRUCTIONS - Calving Report and Registration Application

This form is intended to collect birth information on all calves plus additional data necessary to register calves selected by the breeder.

If the account name and address information at the top of the page is not complete or correct, please note any needed changes. An authorized signature on each form is mandatory.

LINE 1

1. **DAM TATTOO** - Cow's tattoo. If the dam is unregistered and has no tattoo, enter CCIA ear tag number or the dam's name.

2. **DAM REGISTRATION NUMBER** - CSA number only. Enter everything inside the '-' characters. For example, enter [CAN]GF600000 when you see X-[CAN]GF600000-.

3. **DAM DISPOSAL CODES** -

1 or blank - Active	307 - Cullled, calving difficulty	321 - Missing or stolen
201 - Died - Illness	308 - Cullled, aborted	
202 - Died - Injury / Accident	309 - Cullled, prolapsed	
203 - Died - Calving Difficulty	310 - Cullled, reproductive disease	
204 - Died - Old Age	311 - Cullled, poor body condition (unthrifty)	
205 - Died - Other / Disease	312 - Cullled, teat & udder soundness problems	
301 - Sold for breeding purposes, certificate not transferred	313 - Cullled, feet & legs	
302 - Cullled, calf performance / productivity	314 - Cullled, structurally unsound	
303 - Cullled, low production value \$ (not reproduction or performance related)	315 - Cullled, disposition	
304 - Cullled, old age	316 - Cullled, Injury	
305 - Cullled, Infertile	317 - Cullled, sickness or disease	
306 - Cullled, cow calved but did not wean a calf	318 - Cullled, genetic defect	
	319 - Cullled, cancer eye, etc.	
	320 - Leased	

4. **SIRE TATTOO** - This may be a tattoo of the sire. If the sire is not registered, please report the name or CCIA Ear Tag instead..

5. **SIRE REGISTRATION NUMBER** - Same as #2 except that it is for the sire.

6. **CALF ID** - Calf's unique tattoo.

7. **LE/RE/BOTH** - Tattoo location. Designate right ear (RE), left ear (LE), or both ears (B).

8. **National Health Ear Tag** - This is a CCIA ear tag or equivalent Quebec tag or an EZE-IR tag.

9. **SEX** - male (M), female (F), or steer (S).

10. **DATE OF BIRTH (DD-MM-YY)** - Actual birth date. (Eg. October 12, 1998 = 12-10-98)

11. **TWIN SEX** - Sex of Twin, if any. Blank if there is no twin, Male twin (M), Female twin (F), Steer twin (S). To register the second twin, please use a blank line or use a separate application form.

12. **CE** - Calving ease score if available. (Not required for registration)

U-Unassisted

S-Caesarean

E-Easy pull (no mechanical assistance)

M-Abnormal presentation

H-Hard pull

13. **BIRTH WEIGHT** - Actual birth weight in pounds, if available.(Not required for registration)

LINE 2

14. **CE** (Y/N) - If you want to register the calf with the CSA, print "Y" and complete the rest of this line. If you do not wish to register the calf at this time, print "N" and move on to the next calf record.

15. **AI?** (Y/N) - If the calf is sired by AI, print "Y" and attach AI breeding slips. If the calf is sired via natural service, print "N".

16. **ET?** (Y/N) - If the calf was born as a result of an embryo transfer, print 'Y' and attach ET documents. If the calf was NOT born as a result of an embryo transfer, print 'N'. To register more than one ET calf from the same dam, use a blank line or a separate application form.

17. **RECIPIENT ID** - If the calf was born as a result of an embryo transfer, record the recipient dam's tattoo, ear tag, or name appearing on the ET documents.

18. **COLOUR** - Standard colours are listed below with suggested abbreviations. Write in other as needed.

Red - Red

Roan - Roan

RWM - Red with white markings

RoanWM - Roan with white markings

RR - Red-Roan

W - White

19. **HORNS (H/P)** - Designate the calf as horned (H) or polled (P).

20. **CALF'S REGISTERED NAME** - Complete only for cattle to be registered. Not to exceed 30 characters including spaces.

21. **SIRE/SEMEN OWNER SIGNATURE** - The sire or semen owner must sign here, if you didn't own the sire or the semen when the dam was bred.

22. **BREEDING DATE (DD-MM-YY)** - This is the date on which the dam was bred. Not required if AI breeding slip attached or for pasture services.

LINE 3

23. **TRANSFER TO** - For the calf to be transferred at this stage, provide the name, and complete address of the new owner. All transfers done using this form will be returned to the breeder.

24. **SALE DATE (DD-MM-YY)** - Date the animal was sold. (Eg. December 31, 2000 = 31-12-00)

Upon processing of this form, you will receive pedigrees on calves selected for registry.