



THE BRITISH BLUE CATTLE SOCIETY

Holme House, Dale, Ainstable, Carlisle, Cumbria CA4 9RH



Please Note: All calves must be registered within 45 days of birth. After **45** days a late registration fee will apply.

| | |
|--------|-----------|
| Prefix | Calf Name |
|--------|-----------|

| | | |
|------------------------|--------------------------------------|---|
| Ear Tag No. U K | Date of Birth D D M M Y Y Y Y | Sex M <input type="checkbox"/> F <input type="checkbox"/> |
|------------------------|--------------------------------------|---|

| | | |
|---|---|--|
| Calving Ease** 1 <input type="checkbox"/> Easy 2 <input type="checkbox"/> Assisted 3 <input type="checkbox"/> Seriously Difficult | 4 <input type="checkbox"/> Serious with Vet 5 <input type="checkbox"/> Caesarean | Service Details AI <input type="checkbox"/> NS <input type="checkbox"/> ET <input type="checkbox"/> |
| | | AI Date D D M M Y Y Y Y |

| | | |
|---------------------------------------|----------------------------|----------|
| Recipients Dam Tag Ear No. U K | Age and Breed of Recipient | ET No. 1 |
| | Name of Sire | Sire HBN |
| Sire Ear Tag No. U K | Full Name of Dam | Dam HBN |
| Dam Ear Tag No. U K | | |

| | |
|--|--|
| Twin <input type="checkbox"/> Yes <input type="checkbox"/> No | Colour <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Red & White <input type="checkbox"/> Black & White <input type="checkbox"/> Black with little white <input type="checkbox"/> White with little black <input type="checkbox"/> Light Blue Roan <input type="checkbox"/> Dark Blue Roan <input type="checkbox"/> Red <input type="checkbox"/> Blue and White |
| Birth Weight Kgs. | |
| Date | |

| | |
|--------|-----------|
| Prefix | Calf Name |
|--------|-----------|

| | | |
|------------------------|--------------------------------------|---|
| Ear Tag No. U K | Date of Birth D D M M Y Y Y Y | Sex M <input type="checkbox"/> F <input type="checkbox"/> |
|------------------------|--------------------------------------|---|

| | | |
|---|---|--|
| Calving Ease** 1 <input type="checkbox"/> Easy 2 <input type="checkbox"/> Assisted 3 <input type="checkbox"/> Seriously Difficult | 4 <input type="checkbox"/> Serious with Vet 5 <input type="checkbox"/> Caesarean (elective) Management Decision 6 <input type="checkbox"/> Caesarean (non elective) Management Necessity | Service Details AI <input type="checkbox"/> NS <input type="checkbox"/> ET <input type="checkbox"/> |
| | | AI Date D D M M Y Y Y Y |

| | | |
|---------------------------------------|----------------------------|----------|
| Recipients Dam Tag Ear No. U K | Age and Breed of Recipient | ET No. 1 |
| | Name of Sire | Sire HBN |
| Sire Ear Tag No. U K | Full Name of Dam | Dam HBN |
| Dam Ear Tag No. U K | | |

| | |
|--|--|
| Twin <input type="checkbox"/> Yes <input type="checkbox"/> No | Colour <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Red & White <input type="checkbox"/> Black & White <input type="checkbox"/> Black with little white <input type="checkbox"/> White with little black <input type="checkbox"/> Light Blue Roan <input type="checkbox"/> Dark Blue Roan <input type="checkbox"/> Red <input type="checkbox"/> Blue and White |
| Birth Weight Kgs. | |
| Date | |