

MARITIME BEEF CATTLE TEST STATION
RAM APPLICATION FOR ENTRY

Breeder's Name: _____

Address: _____

Postal Code: _____

Telephone #: _____ **Fax #:** _____

Email: _____

Tattoo _____

Registration # _____

Dam _____

Sire _____

Dam Birth Date _____

Sire Birth Date _____

Breed _____

Lambing Period
(Start and End Dates) _____

Birth Date _____

Birth Weight _____

50-Day Weight _____

50-Day Weigh Date _____

Lambing Ease
U- Unassisted
E- Easy Pull
H- Hard Pull
M-Malpresented
S-Surgical

Born as
S- Single
T- Twin
TR-Triplet

Raised as
S- Single
T- Twin
TR-Triplet

Tattoo _____

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Sire _____

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