

MARITIME BEEF CATTLE TEST STATION
BULL APPLICATION FOR ENTRY

Breeder's Name: _____

Address: _____

Postal Code: _____

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

Email: _____

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease
U- Unassisted
E- Easy Pull
H- Hard Pull

Sire's Name _____

Tattoo _____

CCIA Identification # _____

Breed _____

Birth Date _____

Birth Weight _____

Calving Ease
U- Unassisted
E- Easy Pull
H- Hard Pull

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Tattoo _____

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