

# BRITISH SIMMENTAL CATTLE SOCIETY

Account number.....Pin number.....

FREE PHONE NUMBER 0800 505 3954 **CATTLE LOG**

1	UK Ear Tag No	
2	Do you require; Registration, notification or performance recording	Registration <input type="checkbox"/> Notification <input type="checkbox"/> PR <input type="checkbox"/>
3	ET1 No for Embryo Calf Registration only	
4	Recipient Dam UK No Name	
5	Calf's Date of Birth	
6	Calving Ease 1. No Difficulty 2. Easy Pull 3. Hard Pull 4. Surgical (non-elective) 5. Abnormal Presentation 6. Elective Surgery Dead Within 48 hours	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/>
7	Calf's Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
8	Natural Service (NS) Artificial Insemination (AI) Seen Served (SS)	NS. <input type="checkbox"/> AI. <input type="checkbox"/> SS. <input type="checkbox"/>
9	AI Date	
10	Multiple Birth Type <i>i.e Twin, Triplet etc</i>	
11	Multiple Birth type to what sex <i>e.g Twin to Male</i>	
12	Name of Sire <i>if non Simmental advise breed type</i>	
13	Herd Book Number of Sire	
14	Is the Sire a Levy Bull	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Name Of Dam	
16	Herd Book Number of Dam	
17	Name of Calf <i>All Male calves must be named using the current year letter i.e 2013 is E</i>	
18	Is the Animal Naturally Polled	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Calf's Birth Weight <i>in kilos</i>	
20	Date & Reference No.	

	Registration <input type="checkbox"/> Notification <input type="checkbox"/> PR <input type="checkbox"/>	
	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/>	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
	NS. <input type="checkbox"/> AI. <input type="checkbox"/> SS. <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Registration <input type="checkbox"/> Notification <input type="checkbox"/> PR <input type="checkbox"/>	
	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/>	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
	NS. <input type="checkbox"/> AI. <input type="checkbox"/> SS. <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Registration <input type="checkbox"/> Notification <input type="checkbox"/> PR <input type="checkbox"/>	
	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/>	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
	NS. <input type="checkbox"/> AI. <input type="checkbox"/> SS. <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	