MANITOBA BEEF CATTLE PERFORMANBCE ASSOCIATION INC.

INFORMATION SHEET

BULLS/HEIFERS (Please circle one)

Please complete and bring this form when delivering animals to the Test Station. If using different sires, please list calves in sire group to assist in easier tagging when calves are delivered to the Test Station. PLEASE PRINT!!

Tattoo	Birthdate Month/Day	Birth Weight	Calving ease	Complete Ultrasound	Complete 100K DNA	Sire & Registration Number	CCIA Number

Consignor Name _____