



AUSTRALIAN LOWLINE CATTLE ASSOCIATION Inc.

C/- Genetic Hub, PO Box U66, Charles Sturt University Wagga
 Wagga, NSW, 2678
 Website: www.lowlinecattleassoc.com.au Phone: (02)
 6933 1214
 Email: office@lowlinecattleassoc.com.au
 ABN: 98216776682

RECORD A FLUSH AND EMBRYO REGISTRATION APPLICATION FORM

(For All Frozen, Fresh and Split Embryos)

APPLICANT NAME Member ID:.....
 (Breeder or Importer)

DONOR DAM NAME **Herdbook #**.....

Animal ID DNA..... SNP.....

SIRE NAME **Herdbook #**.....

Animal ID DNA/..... SNP.....

Donor Fertilised by: Artificial Insemination (AI) Natural (please select one)

Mating Date:/...../..... Flush Date/...../..... Total Embryos Produced

Embryo No.	Grade: 1, 2, 3	Sexed Y/N	Split Y/N	Frozen = F	Transferred = T	Recipients (if applicable)			PTIC Y/N	Date Tested
						Breed Type	Year of Birth	Ear Tag No		



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If more than 8 embryos in the flush then please also use the table below also

Embryo No.	Grade: 1, 2, 3	Sexed Y/N	Split Y/N	Frozen = F	Transferred = T	Recipients (if applicable)			PTIC Y/N	Date Tested
						Breed Type	Year of Birth	Ear Tag No		

Breeder/Owner Signature

Date/...../.....

Please forward completed form and Veterinarian Certificate to Lowline Registrar within 8 months after the flush together with the appropriate fee

Email: office@lowlinecattleassoc.com.au