



## AUSTRALIAN LOWLINE CATTLE ASSOCIATION INC.

C/- ABRI, University of New England

ARMIDALE NSW 2351

Website: [www.lowlinecattleassoc.com.au](http://www.lowlinecattleassoc.com.au)

Phone: (02) 67 73 3295 Fax: (02) 67 72 1943

Email: [office@lowlinecattleassoc.com.au](mailto:office@lowlinecattleassoc.com.au)

ABN: 98216776682

***Please read this information before completing the form.  
The attached form can be completed in Adobe Reader and saved for your records.***

### **PAYMENT OPTIONS - REGISTRATIONS & CALF RECORDING**

For your convenience, fee payment can easily be made via the [Lowline Shop](#) using either a debit card or a credit card.

Please log into your Lowline Shop Account to make payment, remembering to add a note to your cart.

Once payment is completed you'll receive a confirmation of payment email with a link to download your PDF receipt. Please do so.

You will also receive a second email with your digital download link - click this link to download your form.

Complete and email to [lowline.registrar@abri.une.edu.au](mailto:lowline.registrar@abri.une.edu.au)

Payment may also be made via EFT or Cheque

**To make payment via EFT** - Print the Registration Form, complete and return by email to [lowline.registrar@abri.une.edu.au](mailto:lowline.registrar@abri.une.edu.au)

Bank Account details:

National Australia Bank

Account Name - Australian Lowline Cattle Association

BSB - 082 407

Account no. - 45 349 8710

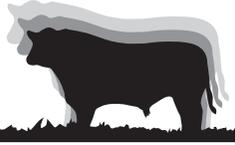
Reference - *Your Name*

**To make payment by cheque:**

Print the Registration Form, complete and return along with your cheque (made payable to Australian Lowline Cattle Association)

Post to :

Australian Lowline Cattle Association,  
C/- ABRI, University of New England,  
Armidale,  
NSW 2351



LOWLINE

# REGISTRATION FORM

Payment has been made by:

CHEQUE

EFT

STUD PREFIX

STUD NAME

NAME OF BREEDER

## DETAILS OF DAM

## DETAILS OF SIRE

## DETAILS OF CALVES

	STUD PREFIX	YEAR LETTER & NUMBER	NAME	STUD PREFIX	YEAR LETTER & NUMBER	NAME	SERVICE	MATING DATE D/M/Y	CALF NAME	DATE OF BIRTH	YEAR LETTER & CALF NO.	SEX	TWIN	COLOUR	CALVING	BIRTH WT KG	FATE	REGISTER
		BCD	X059	EXAMPLE ONLY	TRA	M456	EXAMPLE ONLY	A	16/7/07	DONNA NLIS/NAIT: 1234567890UVWXYZ	20/4/08	D022	F	N	B	1	22	A
1									NLIS/NAIT:									
2									NLIS/NAIT									
3									NLIS/NAIT									
4									NLIS/NAIT:									
5									NLIS/NAIT:									
6									NLIS/NAIT:									
7									NLIS/NAIT:									

I certify that the particulars on this form are correct to the best of my knowledge and belief.

Signature ..... Date .....

**NOTE**

If calf is an Embryo Transplant (ET) please use the ET Form

**SERVICE**

**P** = The sire and dam are not owned by the same member at the time of natural service  
**A** = Service by AI

**COLOUR**

**R** = Red  
**B** = Black  
**RC** = Black, Red Carrier

**CALVING EASE**

**Blank** = Not observed  
**1** = No difficulty  
**2** = Easy Pull  
**3** = Hard Pull  
**4** = Surgical  
**5** = Posterior Presentation

**FATE**

**A** = Alive  
**D** = Dead

**REGISTER**

**Y** = Register  
**R** = Record  
**D** = Deemed