



ABERDEEN & NORTHERN MARTS

Tel: 01467 623710

Fax: 01467 623777

e-mail: anmarts@anmgroup.co.uk

Web Site: www.anmarts.co.uk

ENTRY FORM FOR REGISTERED PEDIGREE BEEF BREEDING FEMALES PLEASE USE BLOCK CAPITALS

DATE OF SALE:

BREED:

EXHIBITORS NAME:

ADDRESS:

POSTCODE:

TEL NO.:

MOBILE TEL NO.:

EMAIL ADDRESS:

FARM ASSURED: YES NO
Please tick as appropriate

FA No.:

CPH No.:

I CERTIFY THAT THIS ANIMAL IS REGISTERED WITH THE APPROPRIATE BREED SOCIETY AND THE PEDIGREE AND EBV INFORMATION WILL BE ACCESSED DIRECT FROM THE SOCIETY.

Tick as appropriate

I DO NOT WISH TO HAVE MY EBV INFORMATION PRINTED IN THE CATALOGUE

Tick as appropriate

Please Tick to confirm that your Charolais Cattle entered into the sale are from a CHECS BVD Accredited Herd, or are BVD Antigen Tested Negative and are fully BVD Vaccinated.

Tick as appropriate

NAME OF ANIMAL:

HB No:

EAR. No.:

DATE OF BIRTH:

PREFERRED
PREFIX FOR PEN:

Additional Information:

**ENTRY FEE: £20 + VAT AT 20% (£4.00) PER HEAD
ALL CHAROLAIS CATTLE MUST BE DNA SIRE VERIFIED
PLEASE ENSURE THAT THE CORRECT DOCUMENTS (i.e. PEDIGREE CERTIFICATE AND A HERD HEALTH DECLARATION FOR THE APPROPRIATE BREED SOCIETY) ACCOMPANY THIS ENTRY FORM.**

I / We wish to enter the above animal and hereby certify that the above female is registered with the appropriate Society and that the Pedigree will be available in their database.

Signature:

Date:

SERVICE DETAILS (FEMALES):

| | | | |
|---------|------|----------------------|-------|
| SERVICE | A.I. | (TICK AS APPLICABLE) | DATE: |
|---------|------|----------------------|-------|

| | |
|--------------|-----|
| OR RAN FROM: | TO: |
|--------------|-----|

WITH / BY (GIVE NAME OF SERVICE BULL):

H.B. No.:

A.I. CERTIFICATES OR A LETTER OF SERVICE MUST BE SENT WITH ENTRY

OTHER REMARKS: