AMERICAN MURRAY GREY ASSOCIATION

PO Box 43515 Louisville, KY 40253-0515 Phone: 502 - 384 - 2335 Email: AMGAOffice@murraygreybeefcattle.com

Birth Worksheet

Breeder Name:
Membership Number:

Page
Date:

Address:
Phone/Fax:

Primary Herd:

See fee schedule for applicable charges that must accompany work sent to the AMGA Office.
Please use reverse of sheet to make any comments or special instructions. Mail all information to above address.

ET	Genetic Dam Tattoo / Regn# (Advise foster and/or recip dam on reverse)	Com Dam Tag	Disposal	Sire Tattoo / Regn#	AI	AI date or start of Natural Service. m/d/y	RE Tattoo / LE Tattoo	Com Calf Tag	Date of Birth m/d/y	Sex	No. born	CE *	Bth Wt *	Colour	Nurse *	Fate	Reg now	Hold cert	Name of Calf (max 30 characters) If space insufficient use reverse

Signature(s) of Breeder(s) that all information contained in this report is true. .....

I have listed information on reverse side of form: Yes No