



Suid-Afrikaanse Stamboek- en Dierverbeteringsvereniging
(Geregistreer in terme van Wet 62 van 1998)

South African Stud Book and Animal Improvement Association
(Registered in terms of Act 62 of 1998)

STB Bar Code

SA STAMBOEK
STUD BOOK

Adres/Address 118 Henry str, Westdene, Bloemfontein | Posbus / PO Box 270, BLOEMFONTEIN, 9300
Telefoon/Telephone: (051) 448-9347 | Faks/Fax: (051) 447-3964 | e-Pos/Mail: info@studbook.co.za | Web: www.studbook.co.za

Schedule O - Involution Certificate

A) DONOR INSEMINATION SECTION

1. DOCUMENT CODE:	<input type="text"/>	2. BREED CODE: *	<input type="text"/>	3. PARTICIPANT NUMBER – OWNER OF DONOR COW: *	<input type="text"/>	
4. PARTICIPANT NAME – OWNER OF DONOR COW:	<input type="text"/>					
5. FULL NAME OF DONOR COW:	<input type="text"/>					
6. REGISTRATION NUMBER OF DONOR COW: *	<input type="text"/>	OR	7. IDENTIFICATION OF DONOR COW:	<input type="text"/>	8. LABORATORY DNA NUMBER OF DONOR COW: *	<input type="text"/>
			Breed Sex HDM Year Seq			
9. FULL NAME OF DONOR BULL:	<input type="text"/>					
10. REGISTRATION NUMBER OF DONOR BULL: *	<input type="text"/>	OR	11. IDENTIFICATION OF DONOR BULL:	<input type="text"/>	12. LABORATORY DNA NUMBER OF DONOR BULL: *	<input type="text"/>
			Breed Sex HDM Year Seq			
13. DATE OF INSEMINATION: *	<input type="text"/>	14. BATCH NUMBER OF SEMEN / SEMEN CODE:	<input type="text"/>			
	D D M M Y Y Y Y					
15. MULTI SIRE GROUP:	<input type="text"/>	DEFINE MULTI SIRE GROUP (if Multiple refer to Section E, page 2)				

B) PERMIT DETAILS

16. AUTHORISATION NUMBER:	<input type="text"/>	17. VETERINARY MASTER PERMIT NO:	<input type="text"/>	18. NO MASTER	<input type="checkbox"/>
19. VALID FROM:	<input type="text"/>	20. EXPIRY DATE:	<input type="text"/>		
21. AUTHORISATION GRANTED TO: (PARTICIPANT DETAILS)	<input type="text"/>				
22. NAME OF ANIMAL:	<input type="text"/>				
23. INTERNATIONAL / REGISTRATION NUMBER OF ANIMAL:	<input type="text"/>	SIGNATURE OF INSEMINATOR _____			

C) EMBRYO FLUSHING SECTION

24. FLUSHING DATE: *	<input type="text"/>	25. NUMBER OF EMBRYO'S: *	<input type="text"/>
I HERE WITH CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE EMBRYOS WERE FLUSHED, PROCESSED AND MARKED CORRESPONDING TO ACT 25 OF 1977.			
26. DATE: *	<input type="text"/>	SIGNATURE OF VETERINARIAN _____	

D) EMBRYO TRANSFER SECTION (if Multiple refer to Section F, page 2)

27. PARTICIPANT NUMBER – OWNER OF RECIPIENT COW: *	<input type="text"/>	<input type="text"/>	Member nr	Herd Breed Code	
28. PARTICIPANT NAME – OWNER OF RECIPIENT COW:	<input type="text"/>				
29. RECIPIENT BREED:	<input type="text"/>	30. RECIPIENT BREED CODE: *	<input type="text"/>		
31. IDENTIFICATION OF RECIPIENT: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Breed	Sex	HDM	Year	Seq

D) EMBRYO TRANSFER SECTION CONTINUES

32. COLOUR OF RECIPIENT:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

33. EMBRYO TRANSFER DATE: *

D	D	M	M	Y	Y	Y	Y
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34. BIRTH DATE OF RECIPIENT: *

D	D	M	M	Y	Y	Y	Y
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I HEREBY CERTIFY THAT I HAVE PERFORMED THE ABOVE-MENTIONED OVUM TRANSFER WITH AN OVUM AS SPECIFIED ABOVE.

35. DATE *

D	D	M	M	Y	Y	Y	Y
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SIGNATURE _____

E) MULTI SIRE GROUP

36. REGISTRATION NO: *

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 OR 37. ID OF BULL IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

38. REGISTRATION NO: *

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 OR 39. ID OF BULL IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

40. REGISTRATION NO: *

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 OR 41. ID OF BULL IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

42. REGISTRATION NO: *

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 OR 43. ID OF BULL IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

44. REGISTRATION NO: *

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 OR 45. ID OF BULL IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

F) DETAILS OF RECIPIENTS

46. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

47. IMPLANT DATE:

D	D	M	M	Y	Y	Y	Y
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48. OWNER NUMBER OF RECIPIENT:

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49. BREED CODE:

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50. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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51. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

52. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

53. IMPLANT DATE:

D	D	M	M	Y	Y	Y	Y
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54. OWNER NUMBER OF RECIPIENT:

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55. BREED CODE:

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56. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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57. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

58. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

59. IMPLANT DATE:

D	D	M	M	Y	Y	Y	Y
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60. OWNER NUMBER OF RECIPIENT:

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61. BREED CODE:

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62. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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63. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

64. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

65. IMPLANT DATE:

D	D	M	M	Y	Y	Y	Y
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66. OWNER NUMBER OF RECIPIENT:

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67. BREED CODE:

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68. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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69. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

70. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

71. IMPLANT DATE:

D	D	M	M	Y	Y	Y	Y
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72. OWNER NUMBER OF RECIPIENT:

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73. BREED CODE:

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74. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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75. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

F) DETAILS OF RECIPIENTS CONTINUES

76. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	77. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
78. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	79. BREED CODE:	<input type="text"/>	<input type="text"/>	80. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
81. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

82. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	83. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
84. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	85. BREED CODE:	<input type="text"/>	<input type="text"/>	86. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
87. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

88. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	89. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
90. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	91. BREED CODE:	<input type="text"/>	<input type="text"/>	92. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
93. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

94. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	95. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
96. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	97. BREED CODE:	<input type="text"/>	<input type="text"/>	98. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
99. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

100. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
102. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	103. BREED CODE:	<input type="text"/>	<input type="text"/>	104. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
105. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

106. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	107. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
108. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	109. BREED CODE:	<input type="text"/>	<input type="text"/>	110. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
111. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

112. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	113. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
114. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	115. BREED CODE:	<input type="text"/>	<input type="text"/>	116. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
117. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

118. RECIPIENT ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	119. IMPLANT DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Breed	Sex	HDM	Year	Seq								D	D	M	M	Y	Y	Y	Y	Y	Y
120. OWNER NUMBER OF RECIPIENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	121. BREED CODE:	<input type="text"/>	<input type="text"/>	122. RECIPIENT BIRTH DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
123. COLOUR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14								
	Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken								

Verduidelikende notas / Explanatory notes

- Waar u inligting moet invul, vul asseblief slegs een syfer of letter per blokkie in.
Where you have to provide information, please only write one letter or figure per block.
- Waar daar inligting benodig word waaroor u nie op hierdie stadium beskik nie, laat oop.
Where information is needed which you do not have at this stage, please leave open.
- * Verpligte velde is gemerk en moet ingevul word anders sal die dokument aan u teruggestuur word.
*Compulsory fields are indicated and the document will be sent back to you if not completed.

Veld Nota
Field Note

A) **Skenker inseminasie seksie** **Donor insemination section**

- 1: Laat oop.
 Leave blank.
- 2: *Vul die toepaslike raskode in.
 *Complete the appropriate breed code.
- 3: *Die deelnemerskode van die eienaar van die skenkerkoei.
 *Participant number of the owner of the donor cow.
- 4: Die eienaar van die skenkerkoei se naam.
 Name of the owner of the donor cow.
- 5: Skenkerkoei se volle naam (opsioneel indien veld 6 ingevul is).
 Full name of donor cow (optional if field 6 is completed).
- 6: *Registrasienommer van die skenkerkoei.
 *Registration number of donor cow.
 of / or
- 7: Identifikasienommer van die skenkerkoei. Die dier se ID-nommer bestaan uit: Raskode;
 Geslag (M=Manlik of F=Vroulik); Kuddekenmerkletters; Jaartal; Volgnommer.

 Identification number of the donor cow. An animal's ID number consists of: Breed code;
 Sex (M=Male or Female); Herd Designation Mark; Year; Sequence number.
- 8: *Laboratorium DNS nommer van die skenker koei.
 *Laboratory DNA number of the donor cow.
- 9: Semenskenker se volle naam (opsioneel indien veld 10 ingevul is). Die dier se naam (20
 karakters) NB – sonder voorvoegsel.
 Full name of semen donor (optional if field 10 are completed) Animal's name (20
 characters) NB – without the prefix.
- 10: *Registrasienommer van die semenskenker. Indien veelvuldige vaars gebruik is tydens
 inseminasie, gebruik veld 15 om die veelvuldige vaars se groepkode aan te dui en
 spesifiseer die bulle in velde 36 tot 45.
 *Registration number of the semen donor. If multiple sire inseminations were used
 indicate the group code in field 15 and specify the bulls in fields 36 to 45.

- of / or
- 11: Identifikasienommer van die semenskenker.
Identification number of the semen donor.
- 12: *Laboratorium DNS nommer van die semenskenker.
*Laboratory DNA number of the semen donor.
- 13: *Inseminasie datum. By alle datums: Dag; maand; eeu; jaar (bv. 01-10-2001).
*Insemination date. With all dates: Day; month; century; year (e.g. 01-10-2001).
- 14: Bundelnommer / Semenkode.
Batch number of semen code.
- 15: Veelvuldige vaar groepkode. Spesifiseer die bulle in die groep op bladsy 2 velde 36 – 45.
Ignoreer indien enkelbul-inseminasie gebruik is.
Multiple sire group code. Specify the bulls in this group on page 2 in fields 36 – 45. Ignore if single sire insemination were used.

**B) Permit besonderhede
Permit details**

- 16: Magtigingsnommer soos op permit.
Authorisation number as on permit.
en/of / and/or
- 17: Veeratsenykundige meesterpermitnommer, soos op permit.
Veterinary master permit number number, as on permit.
of / or
- 18: Geen meester.
No master.
- 19: Geldig vanaf, datum.
Valid from, date.
- 20: Vervaldatum.
Expiry date.
- 21: Magtiging toegestaan aan deelnemer.
Authorisation granted to participant.
- 22: Volle naam van dier soos op permit.
Full name of animal as on permit.
- 23: Internasionale- / registrasienommer van dier.
International / registration number of animal.

Die vorm moet hier deur die insemineerder geteken word.
The inseminator must sign the form here.

**C) Embrio spoel seksie
Embryo flushing section**

- 24: *Spoeldatum.
*Flushing date.
- 25: *Aantal embrios gespoel.
*Number of embryos flushed.
- 26: *Datum en handtekening van die veearts wat die spoeling uitvoer.
*Date of flushing and signature of veterinarian.

- D) **Embryo inplanting seksie.** Gebruik bladsy 2 en 3 vir veelvuldige-vaar-inplantings op velde 46 – 123.
Embryo transfer section. Use pages 2 and 3 for multiple sire implants in fields 46 – 123.
- 27: *Die deelnemerskode van die eienaar van die ontvanger koei.
*Participant number of the owner of the recipient cow.
- 28: Die eienaar van die ontvanger koei se naam.
Name of the owner of the recipient cow.
- 29: Beskrywing van die ras van die ontvanger koei.<Raskode?>
Description of the breed of the recipient cow.
- 30: *Vul die toepaslike raskode in.
*Complete the appropriate breed code.
- 31: *Identifikasienommer van die ontvangerkoei. Die dier se ID-nommer bestaan uit: Raskode; Geslag (M=Manlik of F=Vroulik); Kuddekenmerkletters; Jaartal; Volgnommer.
*Identification number of the donor cow. An animal's ID number consists of : Breed code; Sex (M=Male or Female); Herd Designation Mark; Year; Sequence number.
- 32: Kleur van die ontvanger koei.
Colour of the recipient cow.
- 33: *Embryo inplantingsdatum.
*Embryo transfer date.
- 34: *Geboortedatum van die ontvanger koei.
*Birth date of the recipient cow.
- 35: Datum en handtekening van die veearts.
Date and signature of the veterinarian.
- 36, 38, 40, 42, 44: *Registrasienommers van die semenskenkers
*Registration numbers of the semen donors
of / or
- 37, 39, 41, 43, 45: Identifikasienommers van die semenskenkers. Die dier se ID-nommer bestaan uit: Raskode; Geslag (M=Manlik of F=Vroulik); Kuddekenmerk letters; Jaartal; Volgnommer.
Identification numbers of the semen donors. An animal's ID number consists of : Breed code; Sex (M=Male or Female); Herd Designation Mark; Year; Sequence number.
- F) Ontvanger-inligting – sien afdeling D. Hierdie afdeling word gebruik indien die embryos vars oorgeplant word uit dieselfde spoeling uit.
Details of recipients – see section D. This section is used when fresh embryos are being transferred.