

Uova 17164



Suid-Afrikaanse Stamboek- en Diereverbeteringsvereniging
(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

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Schedule O - Involution Certificate

A) DONOR INSEMINATION SECTION

1. DOCUMENT CODE:	2. BREED CODE: SMA	3. PARTICIPANT NUMBER - OWNER OF DONOR COW: 0598853
4. PARTICIPANT NAME - OWNER OF DONOR COW: H D WATSON		
5. FULL NAME OF DONOR COW: W0060304		
6. REGISTRATION NUMBER OF DONOR COW: 0063893242	7. IDENTIFICATION OF DONOR COW:	8. LABORATORY DNA NUMBER OF DONOR COW: U469616
9. FULL NAME OF DONOR BULL: V4F120243		
10. REGISTRATION NUMBER OF DONOR BULL: 0076417468	11. IDENTIFICATION OF DONOR BULL:	12. LABORATORY DNA NUMBER OF DONOR BULL: U402792
13. DATE OF INSEMINATION: DDMMYYYY	14. BATCH NUMBER OF SEMEN / SEMEN CODE:	
15. MULTI SIRE GROUP: DEFINE MULTI SIRE GROUP (if Multiple refer to Section E, page 2)		

B) PERMIT DETAILS

16. AUTHORISATION NUMBER:	17. VETERINARY MASTER PERMIT NO:	18. NO MASTER ☐
19. VALID FROM: DDMMYYYY	20. EXPIRY DATE: DDMMYYYY	
21. AUTHORISATION GRANTED TO: (PARTICIPANT DETAILS)		
22. NAME OF ANIMAL:		
23. INTERNATIONAL / REGISTRATION NUMBER OF ANIMAL:		
SIGNATURE OF INSEMINATION		

C) EMBRYO FLUSHING SECTION

24. FLUSHING DATE: DDMMYYYY	25. NUMBER OF EMBRYO'S:
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE EMBRYOS WERE FLUSHED, PROCESSED AND MARKED CORRESPONDING TO ACT 25 OF 1977.	
26. DATE: DDMMYYYY	SIGNATURE OF VETERINARIAN

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

27. PARTICIPANT NUMBER - OWNER OF RECIPIENT COW:	28. PARTICIPANT NAME - OWNER OF RECIPIENT COW:
29. RECIPIENT BREED:	30. RECIPIENT BREED CODE:
31. IDENTIFICATION OF RECIPIENT:	

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: * DD MM YYYY 34. BIRTH DATE OF RECIPIENT: * DD MM YYYY

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

35. DATE * DD MM YYYY

SIGNATURE _____

E) MULTI SIRE GROUP

36. REGISTRATION NO: * _____ OR 37. ID OF BULL IN MS GROUP: _____
Breed Sex HDM Year Seq
38. REGISTRATION NO: * _____ OR 39. ID OF BULL IN MS GROUP: _____
Breed Sex HDM Year Seq
40. REGISTRATION NO: * _____ OR 41. ID OF BULL IN MS GROUP: _____
Breed Sex HDM Year Seq
42. REGISTRATION NO: * _____ OR 43. ID OF BULL IN MS GROUP: _____
Breed Sex HDM Year Seq
44. REGISTRATION NO: * _____ OR 45. ID OF BULL IN MS GROUP: _____
Breed Sex HDM Year Seq

F) DETAILS OF RECIPIENTS

46. RECIPIENT ID: _____ 47. IMPLANT DATE: DD MM YYYY
Breed Sex HDM Year Seq
48. OWNER NUMBER OF RECIPIENT: _____ 49. BREED CODE: _____ 50. RECIPIENT BIRTH DATE: DD MM YYYY
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: _____ 53. IMPLANT DATE: DD MM YYYY
Breed Sex HDM Year Seq
54. OWNER NUMBER OF RECIPIENT: _____ 55. BREED CODE: _____ 56. RECIPIENT BIRTH DATE: DD MM YYYY
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: _____ 59. IMPLANT DATE: DD MM YYYY
Breed Sex HDM Year Seq
60. OWNER NUMBER OF RECIPIENT: _____ 61. BREED CODE: _____ 62. RECIPIENT BIRTH DATE: DD MM YYYY
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: _____ 65. IMPLANT DATE: DD MM YYYY
Breed Sex HDM Year Seq
66. OWNER NUMBER OF RECIPIENT: _____ 67. BREED CODE: _____ 68. RECIPIENT BIRTH DATE: DD MM YYYY
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: _____ 71. IMPLANT DATE: DD MM YYYY
Breed Sex HDM Year Seq
72. OWNER NUMBER OF RECIPIENT: _____ 73. BREED CODE: _____ 74. RECIPIENT BIRTH DATE: DD MM YYYY
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:

Breed Sex HOM Year Seq

77. IMPLANT DATE:

78. OWNER NUMBER OF RECIPIENT:

79. BREED CODE:

80. RECIPIENT BIRTH DATE:

81. COLOUR:

Tussock Red RedWhite WhiteRed Black Yellow Roan White RedWhiteUnder YellowWhite Grey BlackWhite Whole Broken

82. RECIPIENT ID:

Breed Sex HDM Year Seq

83. IMPLANT DATE:

84. OWNER NUMBER OF RECIPIENT:

85. BREED CODE:

86. RECIPIENT BIRTH DATE:

87. COLOUR:

Tanred Red RedWhite WhiteRed Black Yellow Zoon White RedWhiteUnder YellowWhite Grey BlackWhite Whole Broken

88. RECIPIENT ID: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Breed Sex HDM Year Seq									89. IMPLANT DATE: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
90. OWNER NUMBER OF RECIPIENT: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									91. BREED CODE: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
92. RECIPIENT BIRTH DATE: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
93. COLOUR: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">10</td> <td style="width: 20px; height: 20px;">11</td> <td style="width: 20px; height: 20px;">12</td> <td style="width: 20px; height: 20px;">13</td> <td style="width: 20px; height: 20px;">14</td> </tr> </table> Tanred Bnd BndWhite WhiteRed Black Yellow Rason White RedWhiteUnder YellowWhite Grey BlackWhite Whole Broken		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
1	2	3	4	5	6	7	8	9	10	11	12	13	14				

94. RECIPIENT ID:

Breed Sex HDM Year Seq

95. IMPLANT DATE:

DDMMYYYY

96. OWNER NUMBER OF RECIPIENT:

97. BREED CODE:

98. RECIPIENT BIRTH DATE:

DDMMYYYY

99. COLOUR:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Black Red Blue/Grey White/Red Black Yellow Brown White Port/White Inter Yellow/White Grey Black/White Whole Broken

100. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq
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101. IMPLANT DATE:

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

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103. BREED CODE:

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104. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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105. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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106. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

107. IMPLANT DATE:

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

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109. BREED CODE:

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110. RECIPIENT BIRTH DATE:

D	M	M	Y	Y	Y	Y
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111. COLOUR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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112. RECIPIENT ID:

Breed Sex HDM Year Seq

113. IMPLANT DATE:

114. OWNER NUMBER OF RECIPIENT:

115. BREED CODE:

116. RECIPIENT BIRTH DATE:

117. COLOUR:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

118. RECIPIENT ID:

Breed Sex HDM Year Seq

119. IMPLANT DATE:

120. OWNER NUMBER OF RECIPIENT:

121. BREED CODE:

122. RECIPIENT BIRTH DATE:

123. COLOUR:

1 2 3 4 5 6 7 8 9 10 11 12 13 14