

Date Received:							
Voucher Number:							
C.H.A. Number:							
For Office Use Only							

## **APPLICATION FOR TRANSFER OF OWNERSHIP**

(LIVE ANIMAL)

ADDRESS:    COMPLETE ADDRESS OF BLYER)	I/WE CERTIFY THAT THE	ANIMAL NAMED:			TATTOO or			
AMME(S):	TO LEGIPLY TATTOOFD AN		UCEED OF OWNERSHIP	) TO	_ REGISTRATION#:			
CERTIFICATE OF SERVICE FOR FEMALE    JWE HEREBY CERTIFY THAT THE ANIMAL NAMED ABOVE IS OPEN: OR IF BRED RECORD INFORMATION BELOW:    Al		•						
CERTIFICATE OF SERVICE FOR FEMALE  I/WE HEREBY CERTIFY THAT THE ANIMAL NAMED ABOVE IS OPEN: OR IF BRED RECORD INFORMATION BELOW:  AI ON NATURAL SIRE REGISTRATION#  SIRE NAME  I DECLARE TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE    COMMENTATION   COMMENTATION	NAME(S):				DATE SOLD: _	DAY	MONTH	YEAR
THIS FORM MUST BE SIGNED BY ALL CURRENT OWNERS  WHEN TRANSFERRING TO MULTIPLE OWNERS OR TO RETAIN PART OWNERSHIP, LIST THE NAMES AND ADDRESSES OF THE OWNERS BELOW.  CERTIFICATE OF SERVICE FOR FEMALE  I/WE HEREBY CERTIFY THAT THE ANIMAL NAMED ABOVE IS OPEN: OR IF BRED RECORD INFORMATION BELOW:  AI ON NATURAL SIRE REGISTRATION# SIRE NAME DATE TO DATE  OR IF BRED RECORD INFORMATION BELOW:  OR IF BRED RECORD INFO	ADDRESS:	ODRESS OF BLIVER)			PH#: _			
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THIS FORM MUST BE SIGNED BY ALL CURRENT OWNERS  WHEN TRANSFERRING TO MULTIPLE OWNERS OR TO RETAIN PART OWNERSHIP, LIST THE NAMES AND ADDRESSES OF THE OWNERS BELOW.  CERTIFICATE OF SERVICE FOR FEMALE  I/WE HEREBY CERTIFY THAT THE ANIMAL NAMED ABOVE IS OPEN: OR IF BRED RECORD INFORMATION BELOW:  AI ON NATURAL SIRE REGISTRATION# SIRE NAME DATE TO DATE  OCCUPANY  OCCUPANY  I DECLARE TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE  SOCIENCE BREZZER	(TOWN/CITY)		(PROV)	(POSTAL CODE)				
THIS FORM MUST BE SIGNED BY ALL CURRENT OWNERS  WHEN TRANSFERRING TO MULTIPLE OWNERS OR TO RETAIN PART OWNERSHIP, LIST THE NAMES AND ADDRESSES OF THE OWNERS BELOW.  CERTIFICATE OF SERVICE FOR FEMALE  I/WE HEREBY CERTIFY THAT THE ANIMAL NAMED ABOVE IS OPEN: OR IF BRED RECORD INFORMATION BELOW:  AI ON NATURAL SIRE REGISTRATION# SIRE NAME DATE TO DATE  OCCUPANY  OCCUPANY  DOM:	OWNER'S SIGNATURE(S):							
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NATURAL CERVICE CIRE CAMBER'S CICNATURE (IE DIFFERENT FROM ARCVE)	I DECLARE TO THE B	LST OF PIT KNOWLEDG	JE THE ADOVE INFO	MINITON 13 INUE	•	SIGNATURE OF	BREEDER	
NATURAL SERVICE SIRE OWNER'S SIGNATURE (IF DIFFERENT FROM ABOVE)	NATURAL SERVICE SI	RE OWNER'S SIGNATU	RE (IF DIFFERENT F	FROM ABOVE)				

As an animal pedigree association, the Canadian Hereford Association collects, uses and discloses personal information for the purpose of registering animals and keeping animal pedigrees and for the purpose of carrying out the objects of the Canadian Hereford Association for the benefit of its members. The Canadian Hereford Association does not collect, use, or disclose personal information for any purpose unrelated or incompatible with these purposes. By providing your personal information you are consenting to it being collected, used, and disclosed for these purposes. Further information about the Canadian Hereford Association's personal information policies can be obtained by contacting the Association.

UNDER THE ANIMAL PEDIGREE ACT, IT IS THE SELLER'S RESPONSIBILITY TO PROVIDE THE BUYER WITH A DULY TRANSFERRED CERTIFICATE OF REGISTRATION WITHIN SIX MONTHS OF THE DATE OF SALE.

TRANSFER FEES ARE PAYABLE TO THE CANADIAN HEREFORD ASSOCIATION. VISIT HEREFORD.CA FOR THE CURRENT FEE SCHEDULE.