



CANADIAN HEREFORD ASSOCIATION

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Date Received: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

CHA Number: \_\_\_\_\_

For Office Use Only

## APPLICATION FOR DONOR DAM PERMIT

### DONOR DAM PERMIT



Donor Dam Permit

Fee: \$100.00 plus GST/HST

Name of Animal: \_\_\_\_\_

Canadian Registration Number: \_\_\_\_\_

DNA Case Number: \_\_\_\_\_

I/WE the owner(s) of the above named Donor Dam, Hereby Acknowledge and Agree to:

- 1) Abide by the Rules and Regulations of the Association governing Collection & Transfers of Embryos
- 2) DNA Genotype report must be on file with the CHA
- 3) The right of the CHA Board of Directors to cancel any or all Donor Dam Permits

Name of Owner(s)	CHA #	Signature(s)
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

**NOTE: All Owners of Donor Dam must sign the above.** Date: \_\_\_\_\_

Name(s) of Canadian Collection Centre(s) being used:

1) \_\_\_\_\_

2) \_\_\_\_\_