

Chute Order Form (Seedstock)

1 of _

Technician Name: _____ ID _____ Equipment Ser. No. _____

Telephone _____ email _____

"old" Aloka "new" Aloka Classic 200 Falco 100 SonoVet 2000

Breeder Information

Ranch Name _____ Breeder Contact _____

Address _____ Mgt Code _____ Breed _____

City _____ State _____ Zip _____ Member code(s) _____

Tele _____ fax _____ email _____

Scan Session

Scan Date _____ Sex _____ Weigh Date _____ Clipped Blown Both

Disk/CD No. _____ Comments _____

	Tattoo	Weight	Breed/ Mgt code (if Mixed)	Comments		Tattoo	Weight	Breed/ Mgt code (if Mixed)	Comments
1					26				
2					27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
10					35				
11					36				
12					37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				

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__ of __

Tech Initials _____ Breeder _____ Scan Date _____ Comments _____

	Tattoo	Weight	Breed/ Mgt code <small>(if Mixed)</small>	Comments		Tattoo	Weight	Breed/ Mgt code <small>(if Mixed)</small>	Comments
1					38				
2					39				
3					40				
4					41				
5					42				
6					43				
7					44				
8					45				
9					46				
10					47				
11					48				
12					49				
13					50				
14					51				
15					52				
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27					64				
28					65				
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30					67				
31					68				
32					69				
33					70				
34					71				
35					72				
36					73				
37					74				