



Patron: Her Majesty The Queen

# HIGHLAND CATTLE SOCIETY

Stirling Agricultural Centre, Stirling, FK9 4RN

Tel: 01786 446866  
Fax: 01786 446022  
Email: [info@highlandcattlesociety.com](mailto:info@highlandcattlesociety.com)  
[www.highlandcattlesociety.com](http://www.highlandcattlesociety.com)

## Highland Cattle Society – Female Entry Form

Entry Fee £25 (inc. VAT) per animal must accompany the completed entry form(s)

**Closing Date: 31 December**

<b>Sale Date:</b>	
<b>Fold Name:</b>	
<b>Exhibitors Name:</b>	
<b>Contact Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

I hereby declare that the animals detailed in the attached entry forms are to be entered for the above sale. I have entered a total of .....(enter no. of entries) females in the above named sale and enclose the correct entry fee. I have also completed and attached the Fold Health Declaration Form and Certificate of Pedigree. I have read and understood the terms and conditions set out in the Show and Sale Schedule. I will forward a copy of my current Health Certificate and / or individual animal test results to the Society by 14 January. I can confirm that all animals have been quarantined for 28 days prior to testing.

Signature:.....

Date:.....

Disclaimer: The above information is supplied by the vendor and the Auctioneer / Breed Society is not responsible for the accuracy of this information.

Registered Office: Stirling Agricultural Centre, Stirling FK9 4RN  
Scottish Charity No: SC013974



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Entry ..... of .....(e.g. 1 of 5)

<b>Name of Animal</b>								
<b>Ear Tag Number</b>					<b>Date of Birth</b>			
<b>Breeders Name &amp; Address</b> (if bred by exhibitor state only "Exhibitor")								
<b>Animal Health Status</b>					<b>Colour</b>			
<b>Name/Tag of Sire</b>								
<b>Name/Tag of Dam</b>								
<b>Comments</b>								
<b>Is she in-calf?</b> (Please circle)		<b>YES / NO</b>		<b>Is she halter trained?</b> (Please circle)		<b>YES / NO</b>		
<b>Service Details</b>		<b>Date of Service/AI</b>		<b>or ran from</b>		<b>to</b>		
		<b>Service Bull Name/ Tag No</b>						
<b>Calving Record</b>		<b>Date of Calving</b>				<b>Sex</b>		
		<b>Date of Calving</b>				<b>Sex</b>		
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		<b>Date of Calving</b>				<b>Sex</b>		
<b>Details of calf to be sold at foot (if applicable)</b>		<b>Name</b>				<b>Sex</b>		
		<b>Ear Tag No</b>			<b>DOB</b>			
		<b>Sire Name/Tag</b>						

Please photocopy this form if necessary.

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