



Suid-Afrikaanse Stamboek- en Dierverbeteringsvereniging
(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:	<input type="text"/>	2. BREED CODE: *	<input type="text"/>	3. PARTICIPANT NUMBER – OWNER OF DONOR FEMALE: *	<input type="text"/>	
4. PARTICIPANT NAME – OWNER OF DONOR FEMALE:	<input type="text"/>					
5. FULL NAME OF DONOR FEMALE:	<input type="text"/>					
6. REGISTRATION NUMBER OF DONOR FEMALE: *	<input type="text"/>	OR	7. IDENTIFICATION OF DONOR FEMALE:	<input type="text"/>	8. LABORATORY DNA NUMBER OF DONOR FEMALE: *	<input type="text"/>
			Breed Sex HDM Year Seq			
9. FULL NAME OF DONOR MALE:	<input type="text"/>					
10. REGISTRATION NUMBER OF DONOR MALE: *	<input type="text"/>	OR	11. IDENTIFICATION OF DONOR MALE:	<input type="text"/>	12. LABORATORY DNA NUMBER OF DONOR MALE: *	<input type="text"/>
			Breed Sex HDM Year Seq			
13. DATE OF INSEMINATION: *	<input type="text"/>	14. BATCH NUMBER OF SEMEN / SEMEN CODE:	<input type="text"/>			
	D D M M Y Y Y Y					
15. MULTI SIRE GROUP:	<input type="text"/>	DEFINE MULTI SIRE GROUP (if Multiple refer to Section E, page 2)				

B) PERMIT DETAILS

16. AUTHORISATION NUMBER:	<input type="text"/>	17. VETERINARY MASTER PERMIT NO:	<input type="text"/>	18. NO MASTER	<input type="checkbox"/>
19. VALID FROM:	<input type="text"/>	20. EXPIRY DATE:	<input type="text"/>		
21. AUTHORISATION GRANTED TO: (PARTICIPANT DETAILS)	<input type="text"/>				
22. NAME OF ANIMAL:	<input type="text"/>				
23. INTERNATIONAL / REGISTRATION NUMBER OF ANIMAL:	<input type="text"/>	SIGNATURE OF INSEMINATOR _____			

C) EMBRYO FLUSHING SECTION

24. FLUSHING DATE: *	<input type="text"/>	25. NUMBER OF EMBRYO'S: *	<input type="text"/>
I HERE WITH CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE EMBRYOS WERE FLUSHED, PROCESSED AND MARKED CORRESPONDING TO ACT 25 OF 1977.			
26. DATE: *	<input type="text"/>	SIGNATURE OF VETERINARIAN _____	

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

27. PARTICIPANT NUMBER – OWNER OF RECIPIENT FEMALE: *	<input type="text"/>	<input type="text"/>			
	Member nr	Herd Breed Code			
28. PARTICIPANT NAME – OWNER OF RECIPIENT FEMALE:	<input type="text"/>				
29. RECIPIENT BREED:	<input type="text"/>	30. RECIPIENT BREED CODE: *	<input type="text"/>		
31. IDENTIFICATION OF RECIPIENT: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Breed	Sex	HDM	Year	Seq

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: *

D	D	M	M	Y	Y	Y	Y
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 34. BIRTH DATE OF RECIPIENT: *

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

35. DATE *

D	D	M	M	Y	Y	Y	Y
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 SIGNATURE _____

E) MULTI SIRE GROUP

36. REGISTRATION NO: *

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 OR 37. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

38. REGISTRATION NO: *

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 OR 39. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

40. REGISTRATION NO: *

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 OR 41. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

42. REGISTRATION NO: *

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 OR 43. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

44. REGISTRATION NO: *

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 OR 45. ID OF MALE IN MS GROUP:

Breed	Sex	HDM	Year	Seq											

F) DETAILS OF RECIPIENTS

46. RECIPIENT ID:

Breed	Sex	HDM	Year	Seq											

 47. IMPLANT DATE:

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

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 49. BREED CODE:

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 50. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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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:

Breed	Sex	HDM	Year	Seq											

 53. IMPLANT DATE:

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

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 55. BREED CODE:

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 56. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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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:

Breed	Sex	HDM	Year	Seq											

 59. IMPLANT DATE:

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

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 61. BREED CODE:

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 62. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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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:

Breed	Sex	HDM	Year	Seq											

 65. IMPLANT DATE:

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

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 67. BREED CODE:

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 68. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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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:

Breed	Sex	HDM	Year	Seq											

 71. IMPLANT DATE:

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

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 73. BREED CODE:

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 74. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 77. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 79. BREED CODE:

<input type="text"/>	<input type="text"/>
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 80. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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81. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

82. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 83. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 85. BREED CODE:

<input type="text"/>	<input type="text"/>
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 86. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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87. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

88. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 89. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 91. BREED CODE:

<input type="text"/>	<input type="text"/>
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 92. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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93. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

94. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 95. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 97. BREED CODE:

<input type="text"/>	<input type="text"/>
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 98. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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99. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

100. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 101. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 103. BREED CODE:

<input type="text"/>	<input type="text"/>
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 104. RECIPIENT BIRTH DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

106. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 107. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 109. BREED CODE:

<input type="text"/>	<input type="text"/>
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 110. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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111. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

112. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 113. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 115. BREED CODE:

<input type="text"/>	<input type="text"/>
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 116. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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117. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken

118. RECIPIENT ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Sex	HDM	Year	Seq					

 119. IMPLANT DATE:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 121. BREED CODE:

<input type="text"/>	<input type="text"/>
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 122. RECIPIENT BIRTH DATE:

D	D	M	M	Y	Y	Y	Y
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123. COLOUR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Typical	Red	RedWhite	WhiteRed	Black	Yellow	Roan	White	RedWhiteUnder	YellowWhite	Grey	BlackWhite	Whole	Broken