

N.Z ANGUS ASSN. (INC.) - A.B. CLASSIFICATION FORM

OWNER: _____ NAME OF BULL: _____

S.N: _____ TATTOO: _____ BRAND: _____ H.B. No: _____ DATE OF BIRTH ___/___/___

CONDITION (1-7): _____ WEIGHT: _____ kg SCROTAL _____ cm

AUSTRALASIAN ANGUS 20 GROUP BREEDPLAN.

BW	200M	200W	400W	600W	Mate W	Mate V	Gest	SS	DC	P8 Fat	Rib Fat	EMA	IMF	RBY	CWT
* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %	* %

HEAD _____

JAW _____

LEGS (FRONT)) _____ (BACK) _____

FEET (FRONT)) _____ (BACK) _____

SIZE (HEIGHT) - SHOULDER _____ cm HIP _____ cm
 (LENGTH) - SHOULDER to TAIL _____ cm HIP to PIN _____ cm

CONFORMATION _____

MUSCLING _____

REMARKS _____

SIGNATURES OF CLASSIFIERS _____

DATE ___/___/20___