

DairyTrace Declaration Form: Tag Cross-Reference and On-Farm Disposal Event Reporting



DairyTrace Account #: DT 0 _ _ _ _ _

Business Name: _____

Tagging Event Type: Tag Cross-Reference

	Animal Identifier Number Farm Management #	Breed (ex.HO)	Sex	Premises (PID) of Origin	Date of Tag Application	Previous Identifier Number Farm Management #
1	1 2 4 0 0 0 0 0		<input type="checkbox"/> F <input type="checkbox"/> M		D D M M Y Y	1 2 4 0 0 0 0 0
2	1 2 4 0 0 0 0 0		<input type="checkbox"/> F <input type="checkbox"/> M		D D M M Y Y	1 2 4 0 0 0 0 0
3	1 2 4 0 0 0 0 0		<input type="checkbox"/> F <input type="checkbox"/> M		D D M M Y Y	1 2 4 0 0 0 0 0

Tag Retirement Event Type: On-Farm Disposal

	Animal Identifier Number Farm Management #	Breed (ex.HO)	Date of Death	Premises (PID) of Death
1	1 2 4 0 0 0 0 0		D D M M Y Y	
2	1 2 4 0 0 0 0 0		D D M M Y Y	
3	1 2 4 0 0 0 0 0		D D M M Y Y	
4	1 2 4 0 0 0 0 0		D D M M Y Y	
5	1 2 4 0 0 0 0 0		D D M M Y Y	

I acknowledge that all information reported is correct and that I'm an authorized user on this DairyTrace account.

Client Signature: _____

Date: _____

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Any Questions Contact DairyTrace Customer Service at [Phone: 1-866-55-TRACE](tel:1-866-55-TRACE), [Email: info@DairyTrace.ca](mailto:info@DairyTrace.ca), [Fax: 1-855-756-3502](tel:1-855-756-3502)