DairyTrace Declaration Form: Tagging Event Reporting

DairyTrace Account #: D T 0 _ _ _ _ _ _ **Business Name:** _____

Tagging Event Types: Tag Activation (ACT) *(Applying a new tag at birth)* Replacement Tag (REP) *(Previous tag number is unknown)* Tag Reissued (REI) *(Tag is replaced with the same tag number)*

	*Animal Identifier Number & Farm Management #	Breed (ex.HO)	Sex	*Premise (PID) of Origin	*Date of Birth	Date of Tag Application	*Type of Event		
1	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
2	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
3	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
4	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
5	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
6	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
7	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
8	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
9	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI
10	1 2 4 0 0 0 0		☐ F ☐ M		D D M M Y Y	D D M M Y Y	☐ ACT	☐ REP	☐ REI

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

Client Signature: _____ **Date:** _____

Any Questions Contact DairyTrace Customer Service at Phone: 1-866-55-TRACE, Email: info@DairyTrace.ca, Fax: 519-756-3502