Format 01 Attachment 02

## Details of Cow those are intended to use imported semen

Date -	VS Office -	District -	<b>Province -</b>

Farm No	Name of the Farmer	Address	Tel No	No of cows/hei fers	BCS	DOB of the cows/heifer which is selected for AI	Breed of cows/Heif ers selected for AI	Last calving date	Parit y	Avg Lactation yield

	Recommended / Not Recommended	Approved / Not Approved
		11
Veterinary Surgeon		Director (Animal Breeding)

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Format 02	Attachment 03

## **Request of Imported Semen**

Date -	VS Office -	District -	Province -			
Species of the animal	Breed of Semen	Туре		Number of doses		
		Sexed	Conventional	required		
		Recommended / Not Recommended	Approved / No	ot Approved		
Veterinary Surgeon		Provincial Director	Director (Anin			

Format 03 Attachment 04

## Progress of imported semen

										La	ater
Date of AI	Ear tag number of the animal	Breed of cattle semen	Semen code	AI receipt number	AI technician code	Farmer No	Farmer's Address	Date of Pregnancy Diagnosis	Result	Date of Calvin	Gender
										5	

Kindly send the AI details early and follow up details could be send later.
Signature of Veterinary Surgeon
Date
VS Office