

BELIZE LIVESTOCK REGISTRY FORM FIELD / DATA COLLECTOR FORM

LIVESTOCK IDENTIFICATION

Date: ___/___/___
DD/MM/YY

TB LOT# _____ EXPIRY DATE: ___/___

FARMER'S CODE: _____

Dr. Name: _____

FARM(ER) NAME: _____

FARM LOCATION: _____

ORIGINAL Farm Code: 084/___/___/000 _____
Country/ District/ Community/ Farm#

Time: _____ AM
PM

COLLECTOR CODE : BC ___ Tagger Name: _____

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#	OFFICIAL ANIMAL ID	DOB		AGE MOS	SEX M/F	BREED			Retagged, Previous Tag ID . If none place "?"	REASON TAG VOID or IMPORTED
		MO.	YR.			Pure	Pred	Criollo		
1	BZ000									
2	BZ000									
3	BZ000									
4	BZ000									
5	BZ000									
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27	BZ000									
28	BZ000									
29	BZ000									
30	BZ000									

Total # Herd _____ Total Tag _____ Total TB _____ Total BR _____ Retagged _____