

Chute Order Form (Seedstock) _1_ of _

Technician Name: _____ ID: _____ Equipment Ser. No. _____
 Telephone: _____ email: _____
 "old" Aloka "new" Aloka Classic 200 E.I. Medical EVO

Breeder Information
 Ranch Name _____ Breeder Contact _____
 Address _____ Mgt Code _____ Breed _____
 City _____ State _____ Zip _____ Member code(s) _____
 Tele _____ fax _____ email _____

Scan Session +/- 7 days of scanning. Hair **MUST** be < 1/2 inch
 Scan Date _____ Sex _____ Weigh Date _____ Clipped Blown Both
 Upload Folder Name _____ Comments _____

	Tattoo	Weight	Breed/ Mgt code (if Mixed)	Comments		Tattoo	Weight	Breed/ Mgt code (if Mixed)	Comments
1					31				
2					32				
3					33				
4					34				
5					35				
6					36				
7					37				
8					38				
9					39				
10					40				
11					41				
12					42				
13					43				
14					44				
15					45				
16					46				
17					47				
18					48				
19					49				
20					50				
21					51				
22					52				
23					53				
24					54				
25					55				
26					56				
27					57				
28					58				
29					59				
30					60				

Chute Order Form (Seedstock) _1_ of _

Tech Initials _____ Breeder _____ ScanDate _____ Comments _____

	Tattoo	Weight	Breed/ Mgt code	Comments		Tattoo	Weight	Breed/ Mgt code	Comments
1					41				
2					42				
3					43				
4					44				
5					45				
6					46				
7					47				
8					48				
9					49				
10					50				
11					51				
12					52				
13					53				
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15					55				
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38					78				
39					79				
40					80				