BOVINE REGISTER

HELLENIC REPUBLIC
PREFECTURE OF
DIRECTORATE OF
VETERINARY SERVICES

Starting date of the holding: ..... **Book** ….

Type of production: a. Reproduction b. Meat c. Milk d. Mixed

Type of farming: a. Extensive b. Intensive c. Mixed

Number of the holding: ..... **Keeper's surname/Name of the company:** ..... **Keeper's name:** .....

Father's name: ..... **Address:** ..... **Post code:** ..... **Keeper's tax number:** ..... **Keeper's ID number:** .....

A/A	Eartag number	On movement date	On movement health certificate	Birth/Purchase	Date of birth	Country of origin	Country of birth	Previous eartag from 3rd country	Dam's eartag number	Number of the holding of origin	Sex	Breed	Color	Type of production	Sell/Death/Slaughter	Off movement date	Off movement health certificate	Number of the holding of destination	Slaughterhouse	Auditor's signature