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 < ½ 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				

UltraInsights®, Inc.◆ 27577 State HWY◆ Maryville, MO 64468
Phone: **(660) 562-2074** Fax: **(660) 562-2091** Email: ui@ultrainsights.com

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				
14					54				
15					55				
16					56				
17					57				
18					58				
19					59				
20					60				
21					61				
22					62				
23					63				
24					64				
25					65				
26					66				
27					67				
28					68				
29					69				
30					70				
31					71				
32					72				
33					73				
34					74				
35					75				
36					76				
37					77				
38					78				
39					79				
40					80				

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