



Reproductive Management Course Request Form

Name: _____

Farm Name: _____ Account # (if applicable) _____

Address: (Emergency # & Road Name) _____

Town: _____ Province: _____ Postal Code: _____

Phone: _____ Cell # _____ Email: _____

Breed: Dairy: ____ Beef: ____ Goat: ____ # of Animals: _____

Please indicate areas of training you wish to receive:

____ AI Refresher Course (previously received training) Date of Training: _____
Day / Month / Year

____ Anatomy of Reproductive Tract

____ Estrous Cycle

____ Heat Detection

____ Semen Handling / Placement

____ Synchronization Programs (Ovsynch, CIDR) & Electronic Activity Monitoring

____ Cow Fertility & Health

____ Scout/Dairy Comp 305 Software Training

Do you wish to have the training on your own farm? Yes _____ No _____

If yes, please indicate how many cows you would have available to do the in-cow training _____

Additional Comments: _____

SEND