

| ZAŚWIADCZENIE UNASIENNIA KROWY/JAŁÓWKI                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---|---|---|---|---|---|---|---|---|---|-------------------------|---|---|---|---|---|---|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data..... <b>10.10.2022</b> ..... Numer.....                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nazwa podmiotu                                                                                                                                                                                                                                                                                                                                      | Nazwa krowy/jałówki..... <b>Mila</b> ..... rasa..... <b>HF</b> .....<br>Ostatnie wycielenie..... <b>6.06.2022</b> .....<br>Numer identyfikacyjny                                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                     | <table border="1"> <tr> <td>P</td><td>L</td><td>I</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>2</td><td>2</td><td>1</td> </tr> </table> | P | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 2 | 2 | 1                       |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                     | P                                                                                                                                                                                   | L | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                              | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 2 | 2 | 1 |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nr kartoteki<br><br><b>1</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Posiadacz samicy..... <b>Jan Kowalski</b> .....<br>Adres..... <b>ul. Mleczna 22</b> .....<br>..... <b>42-233 Antoniów</b> .....                                                                                                                                                                                                                     |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <table border="1"> <tr> <td>P</td><td>L</td><td>0</td><td>0</td><td>5</td><td>2</td><td>2</td><td>1</td><td>1</td><td>3</td><td>3</td><td>4</td><td>4</td><td>6</td> </tr> </table> numer siedziby stada<br><br><table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table> numer stada pod oceną |                                                                                                                                                                                     | P | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                              | 0 | 5 | 2 | 2 | 1 | 1 | 3 | 3 | 4 | 4 | 6                       | 1 | 2 | 3 | 4 | 5 | 6 | 7                            |   |   |   |   |   |   |   |   |   |   |   |   |   |
| P                                                                                                                                                                                                                                                                                                                                                   | L                                                                                                                                                                                   | 0 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5                              | 2 | 2 | 1 | 1 | 3 | 3 | 4 | 4 | 6 |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1                                                                                                                                                                                                                                                                                                                                                   | 2                                                                                                                                                                                   | 3 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5                              | 6 | 7 |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Numer zabiegu <table border="1"><tr><td>1</td></tr></table><br><br>Reinseminacja <table border="1"><tr><td></td></tr></table>                                                                                                                                                                                                                       | 1                                                                                                                                                                                   |   | <table border="1"> <tr> <td colspan="2">Numer weterynaryjny producenta</td> <td>A</td><td>B</td><td>C</td><td>1</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td> </tr> </table><br><table border="1"> <tr> <td>Data produkcji nasienia</td> <td>0</td><td>4</td><td>1</td><td>0</td><td>2</td><td>2</td> </tr> </table><br><table border="1"> <tr> <td>Numer identyfikacyjny buhaja</td> <td>P</td><td>L</td><td>0</td><td>0</td><td>5</td><td>1</td><td>1</td><td>2</td><td>2</td><td>3</td><td>3</td><td>4</td><td>4</td> </tr> </table><br>Buhaj..... <b>ARES II</b> .....<br>Nazwa-rasa | Numer weterynaryjny producenta |   | A | B | C | 1 | 1 | 1 | 2 | 2 | 2 | Data produkcji nasienia | 0 | 4 | 1 | 0 | 2 | 2 | Numer identyfikacyjny buhaja | P | L | 0 | 0 | 5 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |
| 1                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Numer weterynaryjny producenta                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                     | A | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                              | 1 | 1 | 1 | 2 | 2 | 2 |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Data produkcji nasienia                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                   | 4 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                              | 2 | 2 |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Numer identyfikacyjny buhaja                                                                                                                                                                                                                                                                                                                        | P                                                                                                                                                                                   | L | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                              | 5 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |
| .....<br>Podpis posiadacza samicy                                                                                                                                                                                                                                                                                                                   | .....<br>Pieczęć imienna i podpis osoby wykonującej zabieg unasienniania                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |   |   |   |   |   |   |   |   |   |   |                         |   |   |   |   |   |   |                              |   |   |   |   |   |   |   |   |   |   |   |   |   |