

Betriebsnummer:

Name & Anschrift:

Blatt Nr.:

LFBIS:

| Art. S/Z | Rasse | Ohrmarken-Nr. | | | | Datum d. Geburt TT.MM.JJ | Datum d. Zugangs TT.MM.JJ | Geschlecht | Geb. Typ | Mutter OM Nr. | Vater OM-Nr. | Verlust der OM | Datum der Verendung MM.JJ | Bemerkung |
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| S | TB | AT | 524 | 893 | 420 | 01.01.2011 | 21.12.2011 | w | | AT 111.222.620 | AT 222.333.520 | links / rechts | | |
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