

**REGISTRATION APPLICATION / BIRTH INFORMATION WORKSHEET**

CALVING SEASON \_\_\_\_\_ YEAR \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 TELEPHONE (\_\_\_\_) \_\_\_\_\_

MEMBER # \_\_\_\_\_ BREEDER NAME \_\_\_\_\_

CHECK BOX FOR EACH ANIMAL YOU WANT TO TRANSFER ON ENTRY (complete information on back of form)

|                             | BREEDING INFORMATION               |                                     |               |                         |                             | CALF INFORMATION |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
|-----------------------------|------------------------------------|-------------------------------------|---------------|-------------------------|-----------------------------|------------------|----------|-----|--------------|-----|----|-----------------|-----------------------|-------------|-----------|------|----------------|---------------------------------|---------------------------------|
|                             | DAM HERD<br>I.D. OR REG.<br>NUMBER | SIRE HERD<br>I.D. OR REG.<br>NUMBER | TYPE<br>SERV. | REG.<br>CALF<br>(Y / N) | CALF HERD<br>I.D.<br>NUMBER | TATTOO           |          | SEX | CALVING DATE |     |    | BIRTH<br>WEIGHT | DAM<br>UDDER<br>SCORE | CALV.<br>EZ | H / P / S | TWIN | BIRTH<br>GROUP | INVENTORIED<br>RECIP<br>HERD ID | NAME<br>LIMIT NAME TO 30 SPACES |
|                             |                                    |                                     |               |                         |                             | RIGHT EAR        | LEFT EAR |     | MO           | DAY | YR |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 1  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 2  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 3  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 4  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 5  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 6  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 7  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 8  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 9  |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 10 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 11 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 12 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 13 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 14 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 15 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 16 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 17 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 18 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 19 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |
| <input type="checkbox"/> 20 |                                    |                                     |               |                         |                             |                  |          |     |              |     |    |                 |                       |             |           |      |                |                                 |                                 |

Please check A.I. Certs., Signatures, Sire & Dam Enrollment in Herd Inventory and H/P/S column.

DAM OWNER SIGNATURE \_\_\_\_\_