



# PUREBRED CLONE

## REGISTRATION APPLICATION

<b>BILLING INFORMATION</b>	
—	
Membership Number	
Membership Name	
City, State, Zip	

7607 NW Prairie View Road :: Kansas City ::  
 MO :: 64151 :: Phone :: 816.599.7777  
 Fax :: 816.599.7782 :: www.shorthorn.org

Date M M / D D / Y Y Y Y

Membership Number Membership Name (Individual/Farm Registering Calf)

Street City State Zip

Phone Number Fax Number

**\* INFORMATION MUST BE COMPLETED FOR REGISTRATION**

1	CALF INFORMATION:	<b>*NAME OF CALF (NO MORE THAN 25 CHARACTERS INCLUDING SPACES)</b> (EMBRYO TRANSFER CALVES WILL AUTOMATICALLY INCLUDE "ET" IN LAST TWO SPACES)																			
		[Grid for calf name characters]																			
2	CALF INFORMATION:	<b>*TATTOO</b> LEFT EAR      RIGHT EAR		<b>*DATE OF BIRTH</b> M M / D D / Y Y Y Y		* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> STEER		<b>*DNA CASE #</b>		<b>CALVING EASE SCORE (1-5)</b> <input type="checkbox"/> 1.UNASSISTED <input type="checkbox"/> 2.EASY PULL <input type="checkbox"/> 3.HARD PULL <input type="checkbox"/> 4.CAESAREAN <input type="checkbox"/> 5.ABNORMAL		<b>*COLOR</b>		* <input type="checkbox"/> HORNED <input type="checkbox"/> POLLED <input type="checkbox"/> SCURRED		<b>BIRTH WT</b>		<b>GRP #</b>			
3	GENETIC CELL DONOR INFORMATION	<b>*REGISTRATION NUMBER</b>				<b>CELL DONOR NAME</b>				<b>*DNA CASE NUMBER</b>				<b>*OWNER OF CELL LINE</b>							
4	DAM INFORMATION:	<b>DAM ID (TATTOO)</b>				<b>*DAM REGISTRATION NUMBER</b>				<b>DAM NAME</b>											
5	SIRE INFORMATION:	<b>SIRE ID (TATTOO)</b>				<b>*SIRE REGISTRATION NUMBER</b>				<b>SIRE NAME</b>											
6	TRANSFER INFORMATION:	<b>NAME OF NEW OWNER</b>				<b>MEMBERSHIP #</b> —		<b>ADDRESS</b>													
								STREET      CITY      STATE      ZIP													
7	TRANSFER INFORMATION:	<b>ADDITIONAL NEW OWNER</b>				<b>MEMBERSHIP #</b> —		<b>ADDRESS</b>													
								STREET      CITY      STATE      ZIP													
8	TRANSFER INFORMATION:	<b>DATE OF SALE</b> M M / D D / Y Y Y Y		<input type="checkbox"/> RETURN CERTIFICATE TO SELLER <input type="checkbox"/> RETURN CERTIFICATE TO NEW OWNER				<b>SIGNATURE OF SELLER</b>													