



PUREBRED CLONE

REGISTRATION APPLICATION

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