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 www.shorthorn.org

PLEASE MAKE A COPY OF FORM AFTER COMPLETED FOR YOUR RECORDS

REVISED 8.08.2016

REGISTRATION APPLICATION FOR:

ShorthornPlus Durham Red

BILLING INFORMATION	
—	
Membership Number	
Membership Name	
City, State, Zip	

MUST COMPLETE THIS BOX IF THE DAM OR SIRE OF CALF IS AN INITIAL ENTRY**

**Initial entries are those that have not had progeny registered with the ASA or have not been identified in the ASA herd book.

DAM IS REGISTERED IN ANOTHER PUREBRED ASSOCIATION - A COPY OF REG.PAPER/PEDIGREE IS ATTACHED

DAM IS CROSSBRED OR NOT REGISTERED - COMPLETE THE FOLLOWING INFORMATION:
 DATE OF BIRTH: _____ BREED: _____ COMPLETE LINE '3' BELOW
 (MM/DD/YYYY)

SIRE IS REGISTERED IN ANOTHER PUREBRED ASSOCIATION - A COPY OF REG.PAPER/PEDIGREE IS ATTACHED

SIRE IS CROSSBRED OR NOT REGISTERED - COMPLETE THE FOLLOWING INFORMATION:
 DATE OF BIRTH: _____ BREED: _____ COMPLETE LINE '4' BELOW
 (MM/DD/YYYY)

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

CALF INFORMATION:	*NAME OF CALF (NO MORE THAN 35 CHARACTERS INCLUDING SPACES) (EMBRYO TRANSFER CALVES WILL AUTOMATICALLY INCLUDE "ET" IN LAST TWO SPACES)																		
	*DAM REGISTRATION NUMBER				DAM NAME				TEMPER		UDDER SUSP. (1-9)			TEAT SIZE (1-9)					
CALF INFORMATION:	*DATE OF BIRTH			*SERVICE TYPE			SIRE INFORMATION:			*SIRE REGISTRATION NUMBER			SIRE NAME						
	M	M	/	D	D	/										Y	Y	Y	Y
CALF INFORMATION:	*LEFT EAR TATTOO	*RIGHT EAR TATTOO	<input type="checkbox"/> *Female		<input type="checkbox"/> *Horned		*COLOR	BIRTH WT.	WEANING WT. & DATE	YEARLING WT. & DATE	CALVING EASE	<input type="checkbox"/> Single	GRP #						
			<input type="checkbox"/> *Male		<input type="checkbox"/> *Polled							<input type="checkbox"/> Twin							
BREEDING INFORMATION:	PASTURE EXPOSURE START/A.I. DATE				PASTURE EXPOSURE END				FLUSH DATE			EMBRYO TRANSFER DATE							
	M	M	/	D	D	/	Y	Y	Y	Y	M	M	/	D	D	/	Y	Y	Y
RECIPIENT INFORMATION:	RECIPIENT ID (TATTOO)				RECIPIENT REGISTRATION NUMBER				RECIPIENT DESCRIPTION										
OWNER OF DAM AT BREEDING:	NAME				ADDRESS				SIGNATURE										
OWNER OF DAM AT CALVING:	NAME				ADDRESS				SIGNATURE										
OWNER OF SIRE:	NAME				ADDRESS				SIGNATURE										
TRANSFER INFORMATION:	NAME OF NEW OWNER				MEMBERSHIP #		ADDRESS												
	—				—		—												
TRANSFER INFORMATION:	ADDITIONAL NEW OWNER				MEMBERSHIP #		ADDRESS												
	—				—		—												
TRANSFER INFORMATION:	DATE OF SALE				<input type="checkbox"/> RETURN CERTIFICATE TO SELLER				SIGNATURE OF SELLER										
	M	M	/	D	D	/	Y	Y					Y	Y	<input type="checkbox"/> RETURN CERTIFICATE TO NEW OWNER				