



Fee Schedule - Order Form

Composite Dairy Cattle Registry

P.O. Box 118 - Butler, MO 64730
(816) 738-4179 - Fax: (660) 200-7211

Member Number: _____ Date: _____

Name: _____

Farm or Ranch Name: _____

Address: _____

City, State, Zip: _____ Phone: _(____) _____

Membership - (Annual)	Qty	Member	Non-Member	Total
Individual		\$25.00		
Partnership / Syndicate		\$25.00		
Corporate		\$25.00		
Associate Breeder - <i>(Religious beliefs prohibiting membership)</i>		\$25.00		
Junior - <i>(for persons under 21 years of age)</i>		\$10.00		

Registration Certificates Rates	Qty	Member	Non-Member	Total
Birth to 6 months of age		\$10.00	\$20.00	
Over 6 months to 12 months of age		\$15.00	\$30.00	
Over 12 months to 18 months of age		\$20.00	\$40.00	
Over 18 months to 24 months of age		\$25.00	\$50.00	
Over 24 months of age		\$35.00	\$70.00	
Embryo Transplant cattle - <i>(regular registration rates as listed)</i>				
Cloned cattle - <i>(regular registration rates as listed)</i> - plus		\$50.00	\$75.00	
Steers - <i>(any breed or age)</i>		\$10.00	\$15.00	

Transfer Rates	Qty	Member	Non-Member	Total
within 30 days from date of sale		\$5.00	\$7.50	
Between 30 and 60 days from date of sale		\$10.00	\$15.00	
After 60 days from date of sale		\$15.00	\$20.00	
Embryo transfer of ownership		\$5.00	\$10.00	

Miscellaneous Rates	Qty	Member	Non-Member	Total
Change animal name (only if no progeny has been registered)		\$25.00	\$50.00	
Annual Bull A.I. Permit - Listed on website - (plus required DNA test)		\$25.00	\$50.00	
Embryo Transplant Donor Permit - (plus required DNA testing)		\$10.00	\$20.00	
Correction of errors in registration or transfers by Association		Free	Free	
Correction of errors in registration or transfers by Owner		\$5.00	\$5.00	
Duplicate Registration Certificates		\$10.00	\$15.00	
To change a bull registration to a steer registration		\$5.00	\$7.50	
DNA Testing kit - (Use DNA testing order form)				
Animals Lease Agreement - (____) new (____) termination		\$10.00	\$20.00	
Transfer registered animals from another registry		\$10.00	\$20.00	

If you wish to have your fees billed to your credit card, please fill in the information below.

Card Number _____

Expiration Date _____ Security Code (on back of card) _____



Name as it appears on Credit Card _____

Card Billing Address _____ City, State Zip _____

TOTAL DUE
(US Funds only)

**Please make checks payable to:
Composite Registry**

**Orders will not be processed
until fees are paid in full.**