Registration Application

Composite Dairy Cattle Registry

P.O. Box 118, Butler, MO 64730

(816) 738-4179 - Fax (660) 200-7211

www.dairycattleregistry.com

FOR OFFICE USE ONLY

Registration No:_____

Date:_____

Name: _____

Name Choice - Please limit your choice to 30 characters or less including prefix and suffix (ET, TW or CL)

If this animal is registered in another Registry, enter name of Registry:_____

Registration number : _____

Date of Birth:_____ **Year Letter:**_____ **Calving Ease: Code**_____ **aAa Code:**_____

Birth Was: ☐ **-Single** ☐ **-Twin to Cow** ☐ **-Twin to Bull** ☐ **-Embryo Transplant** ☐ **-Clone** If Embryo Transplant or Clone box is checked include Embryo Transplant Form with application

Sex of Animal:_____ (Cow | Bull | Steer) **Color:**_____ **Horn Status:**_____ (Horned | Polled | Scurred | De-Horned)

Tattoo: Left Ear:_____ **Right ear:**_____ **Herd ID Tag No.: Left Ear:**_____ **Right Ear:**_____ **Tag Color:**_____

RFID / EID No.:_____ **State Metal Tag No.:**_____

Brand:_____ **Location of Brand:**_____ **Other ID:**_____

Enter Breed Codes and Breed Percentages:

Breed Code:_____**%:**_____ **Breed Code:**_____**%:**_____ **Breed Code:**_____**%:**_____ **Breed Code:** _____**%:**_____

Breed Code:_____**%:**_____ **Breed Code:**_____**%:**_____ **Breed Code:**_____**%:**_____ **Breed Code:** _____**%:**_____

Parentage:

If sire or dam is not registered, other ID must be used for identification - (RFID / EID or State Metal Tag No. is recommended).

Sire:_____ Name _____ Registration No. _____ Herd or Semen Code No. _____ Breed Association

Dam:_____ Name _____ Registration No. _____ Herd No. _____ Breed Association

Dams Breeding Record:

If animal is result of Artificial Insemination - attach all breeding receipts or report date of service:_____

If animal is result of Natural Service please provide the dates which sire listed had access to dam:

From date:_____ to _____

Owner of Dam at time of Breeding:

Owner Name:_____ **Member No.:**_____

Address:_____**City,State,Zip**_____

Owner of Dam at time of Calving:

Owner Name:_____ **Member No.:**_____

Address:_____**City,State,Zip**_____

As recorded owner or authorized agent of the Dam of this animal at time of birth, (I / we) hereby certify that all information on this registration application is true and correct to the best of my knowledge, and that the Composite Dairy Cattle Registry shall have the priviledge to correct and/or cancel this application under the Rules and Regulations of the Registry. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the Composite Dairy Cattle Registry.

Owner/Agent Signature:_____**Member No:**_____

Address:_____ **Printed Name:**_____

City:_____ **State or Province:**_____ **Zip or Postal Code:**_____

Phone Numbers: Home_(_____)_____ **Cell**_(_____)_____ **Fax**_(_____)_____

E-mail Address:_____

*(The Composite Dairy Cattle Registry **WILL NOT SHARE** your e-mail address)*

07.22.13