



# REGISTRATION APPLICATION

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

7607 NW Prairie View Road :: Kansas City, MO 64151::  
 Phone :: 816.599.7780  
 Fax :: 816.599.7782 :: www.braunvieh.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

PLEASE MAKE A COPY OF FORM AFTER COMPLETION FOR YOUR RECORDS

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

<b>CALF INFORMATION:</b>	<b>*NAME OF CALF (NO MORE THAN 28 CHARACTERS INCLUDING SPACES)</b> (EMBRYO TRANSFER CALVES WILL AUTOMATICALLY INCLUDE "ET" IN LAST TWO SPACES)															
<b>DAM INFORMATION:</b>	<b>*DAM REGISTRATION NUMBER</b>				<b>DAM NAME</b>				<b>TEMPER</b>		<b>UDDER SUSP. (1-9)</b>		<b>TEAT SIZE (1-9)</b>			
<b>CALF INFORMATION:</b>	<b>*DATE OF BIRTH</b> M M / D D / Y Y Y Y			<b>*SERVICE TYPE</b> <input type="checkbox"/> Natural <input type="checkbox"/> AI <input type="checkbox"/> ET			<b>SIRE INFORMATION:</b>			<b>*SIRE REGISTRATION NUMBER</b>			<b>SIRE NAME</b>			
<b>CALF INFORMATION:</b>	<b>*LEFT EAR TATTOO</b>		<b>*RIGHT EAR TATTOO</b>		<input type="checkbox"/> *Female <input type="checkbox"/> *Male		*Dehorned *Horned *Polled *Scurred		Brand Location		<b>BIRTH WT.</b>	<b>WEANING WT. &amp; DATE</b>	<b>YEARLING WT. &amp; DATE</b>	<b>CALVING EASE</b>	<input type="checkbox"/> Single <input type="checkbox"/> Twin	<b>GRP #</b>
<b>BREEDING INFORMATION:</b>	<b>PASTURE EXPOSURE START/A.I. DATE</b> M M / D D / Y Y Y Y				<b>PASTURE EXPOSURE END</b> M M / D D / Y Y Y Y				<b>FLUSH DATE</b> M M / D D / Y Y Y Y			<b>EMBRYO TRANSFER DATE</b> M M / D D / Y Y Y Y				
<b>RECIPIENT INFORMATION:</b>	<b>RECIPIENT ID (TATTOO)</b>				<b>RECIPIENT REGISTRATION NUMBER</b>				<b>RECIPIENT DESCRIPTION</b>							
<b>OWNER OF DAM AT BREEDING:</b>	<b>NAME</b>				<b>ADDRESS</b>				<b>SIGNATURE</b>							
<b>OWNER OF DAM AT CALVING:</b>	<b>NAME</b>				<b>ADDRESS</b>				<b>SIGNATURE</b>							
<b>OWNER OF SIRE:</b>	<b>NAME</b>				<b>ADDRESS</b>				<b>SIGNATURE</b>							
<b>TRANSFER INFORMATION:</b>	<b>NAME OF NEW OWNER</b>				<b>MEMBERSHIP #</b> -		<b>ADDRESS</b>									
<b>TRANSFER INFORMATION:</b>	<b>ADDITIONAL NEW OWNER</b>				<b>MEMBERSHIP #</b> -		<b>ADDRESS</b>									
<b>TRANSFER INFORMATION:</b>	<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>								