



Cattle Transfer Application

18250 Hwy W; Verona, Mo 65769 / wastanicattle@gmail.com
(Please Print)

Animal Name: _____ Registration #: _____

Herd ID: _____ Brand _____ Tattoo Location: _____

Animal ID Type: _____ Brand _____ Chip _____ Tattoo -ID Number: _____ Location: _____

Seller Name: _____ Member ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date of Sale: _____

New Owner(Buyer): _____ Member ID #: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

If the above animal is a female and she is bred, this portion must be filled out completely and signed by the Breeder on the Date of Sale.

Natural Service from _____ to _____

Artificial Insemination _____ Embryo Transfer _____ Date: _____

Name of Bull: _____ Registration #: _____

Breeder Name: _____ Member ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____