



Registration No: _____ **FOR OFFICE USE ONLY** 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 _____ Birth Height: _____
Birth Weight: _____ lbs. Birth Was: -Single -Twin to Cow -Twin to Bull -Embryo Transplant
Sex of Animal: F / M Color: _____ Horn Status: _____
(Bull | Steer) (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: _____
DNA Tests: _____

Please include at least 2 clear photos of the animal applying for registration. Include enough photos to show all markings and brands. One photo must show the face. Photo(s) will print on the registration certificate to help provide animal identification and show ownership. Email digital photos with identification & any documentation to homestead.cattle.assn@gmail.com

Parentage:

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 International Dairy Cattle Registry shall have the privilege 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 International 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: _____