

Website:

Registration Application

Homestead Cattle Association (HCA)

homesteadcattle.com • 406-591-6568

PO Box 50058 • Billings, Montana 59105 homestead.cattle.assn@gmail.com

for office use only
Date:
Reg Nº:
Memb №:

PHOTOS: Submit 2 or more clear photos by email; of left & right side view of the animal; which must be clean, dry, standing up & showing all markings including legs, feet & tail. One photo must also show the face. Photo(s) will be printed on Registration Certificate.

Breed(s):				
check all that apply)	MINIATURE HOMESTEAD	HERITAGE FB fullbloo	od (100%) PB purebred (high	n%; upgrade) composite crossbred
Animal registered? anim	nal name, other registry, registrati	on number:		
Name: (choose name u	p to 30 alphanumeric characters	& spaces to include breeder prefix an	nd suffix (TW, ET, CL required; Al op	tional) – punctuation characters allowed: (-) (&)
Date of Birth:	Year Letter	BWT: Calving	Ease CE code: Sex:	Female cow heifer
Born: single -	TW twin or multiple to hfr	s) bull(s) born result of [natural service A.I.	ET Embryo Transplant CL Clone
		mulberry dilute double certain colors such as wild red, silver,		de-horned polled scurred
Markings:(describe: baldie, belt, bla	ze, brindle, britches, brockle-face	e, fringed ear, chest, crest, cs/color sid	ded, fawn, goggles, lightning, roan, s	socks, spot, speckled, star, switch, underline, etc)
Eye Pigment: left (eye pigment applicable to		a Height: inches over h	nip ~ measured @ age:	hours days months years
Tattoo; Left Ear:	Right ear:	State Metal Tag №: _	Brisket Tag:	Neck Tag:
RFID / EID №:		LE RE Color:	Herd ID Tag №:	LE RE Color:
Brand:		State: Location of Bra	ind: Other ID:	
DNA test results:		I I	\bigcirc X	
,	clude documentation)			
Sire:		Breed Association	 Registration №	Herd or Semen Code №
Sire Breed(s):	NIATURE HOMESTEAD	FB fullblood (100%) PB	purebred (high%; upgrade)	composite crossbred
Dam: Name		Breed Association	Registration №	Herd or Semen Code №
Dam Breed(s):				
	NIATURE HOMESTEAD	FB fullblood (100%) PB p	ourebred (high%; upgrade)	composite crossbred
If animal is result of Artif	ural Service provide the dates whicial Insemination or Embryo Tra	nich sire listed had access to dam ~ fr nsfer attach all breeding records, rece Embryo Transplant Form with this ap	eipts or reports with date(s) of service	
Breeder Prefix, Outfit	•	, ,	- 3	Member №:
		s dam at time of conception)		
Breeder Address, Em	nail, Phone:			
Owner/ Agent Name 8				Member №:
	(owner of calf)			
true and correct and comay lead to cancellation	omplete to the best of (my/ on of an animal's registration	our) knowledge. (I /we) understa and / or forfeiture of this Homes	and that any information knowir stead Cattle Registry standing n	formation on this registration application is ngly omitted or falsified on this application nembership privileges. By submitting this ns of this HCA Associated Cattle Registry.
Owner/ Agent Signate	ure:			Member №:
Printed Name: City:		Address:		Zip Postal Code:
Phone Number(s): F-mail Address:				