

Registration ApplicationHCA Miniature Cattle Registry

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	for office use only
Date:	
Reg №:	
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 fullblood (100%	PB purebred (high%; upg	grade) composite crossbred
Animal registered? animal name, other registry, registration r	number:			
Name:	paces to include breed	er prefix and suffix	(TW, ET, CL required; Al optional) -	- punctuation characters allowed: (-) (&)
Date of Birth: Year Letter:	BWT:	Calving Ease C	CE code: Sex: Fema	le cow heifer Male bull steer
Born: single TW twin or multiple to hfr(s)	bull(s) born re	esult of natu	ıral service A.I. ET	Embryo Transplant
Color: black red gray fawn mu (you may need to include DNA test results for uncertainty)			Horns: horned d	e-horned polled scurred
Markings:(describe: baldie, belt, blaze, brindle, britches, brockle-face, fri	inged ear, chest, crest,	cs/color sided, faw	n, goggles, lightning, roan, socks, s	spot, speckled, star, switch, underline, etc)
Eye Pigment: left right both n/a (eye pigment applicable to whiteface cattle only)	Height: inch	ies over hip ~ m	easured @ age: ho	urs 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: Locat	ion of Brand:	Other ID:	
DNA test results: (include documentation)		HC	A	
Sire:				
Name	Breed As:	sociation	Registration №	Herd or Semen Code №
Sire Breed(s): MINIATURE HOMESTEAD F	FB fullblood (100%)	PB purebre	ed (high%; upgrade)	posite crossbred
Dam: Name	Breed As	sociation	Registration №	Herd or Semen Code №
Dam Breed(s):				
MINIATURE HOMESTEAD F	B fullblood (100%)	PB purebre	d (high%; upgrade) com	posite crossbred
Dams Breeding Record If animal is result of Natural Service provide the dates which If animal is result of Artificial Insemination or Embryo Transfe If box for Embryo Transplant or Clone is checked include En	er attach all breeding re	ecords, receipts or r	eports with date(s) of service.	tonformation.
Breeder Prefix, Outfit, Name:	Member №:			
(owner of record of its do	am at time of conception	on)		
Breeder Address, Email, Phone:				
Owner/ Agent Name & Outfit:				Member №:
As recorded owner or authorized agent of the Dam of true and correct and complete to the best of (my/ our may lead to cancellation of an animal's registration and document, (I / we) hereby agree to be bound by HCA) knowledge. (I /we) d / or forfeiture of tl) understand that his Homestead Ca	any information knowingly on attle Registry standing membe	mitted or falsified on this application rship privileges. By submitting this
Owner/ Agent Signature:Printed Name:		Address:		Member №:
City:	State Province: Zip			Postal Code:
Phone Number(s):				