

Registration Application

Bos Indicus International

P.O. Box 118, Butler, MO 64730 (816) 738-4179 bosindicusintlregistry@gmail.com

| Registration No | FOR OFFICE USE ONLY | Date |
|--|--|--|
| | | |
| Name: | oice to 30 characters or less including prefix and suf | |
| If this animal is registered in another Registry, e | . | , |
| ,, and annual to region in anomic region, | Registration number : | |
| Date of Birth: | Year Letter: Calving Ease: Cod | e Birth Wt.: |
| Birth Was:SingleTwin to Cow | Twin to BullEmbryo Transplant | If Clone box is checked include Clone Form with application |
| Sex of Animal: Color: | | Horn Status: |
| (Cow Bull Steer) | | (Horned Polled Scurred De-Horned |
| Tattoo: Left Ear: Right ear: | Herd ID Tag No.: Left Ear: RigI | nt Ear: Tag Color: |
| RFID / EID No.: | State Metal Tag No.: | |
| Brand: | Location of Brand: | Other ID: |
| W | | Managhatas I I I |
| • | ification of a tattoo or RFID tag, submi | • |
| Please include 1 clear photo of one side of the Photo will be printed on registration papers, sh | | |
| We recommend Digital Photos be emailed. Plea | | |
| Parentage: If sire or dam is not registered, other ID | must be used for identification - (RFID / EID or Sta | ate Metal Tag No. is recommended). |
| | , | , |
| Sire: Name | Registration No. Herd or Ser | men Code No. Breed Association |
| Dam:Name | Devite the New York | Down Association |
| Name | Registration No. Her | d 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 th | e dates which sire listed had access to dam: | |
| From date: | to | |
| Owner of Dam at time of Breeding: | | |
| | | Member No.: |
| | _City,State,Zip | |
| Owner of Dam at time of Calving: | | |
| • | | Member No.: |
| | City,State,Zip | |
| As recorded owner or authorized agent of the Dam of this anir the best of my knowledge, and that Bos Indicus International s By submitting this document, (I / we) hereby agree to be bour | nal at time of birth, (I / we) hereby certify that all informatio hall have the priviledge to correct and/or cancel this applica | n on this registration application is true and correct to ation under the Rules and Regulations of the Registry |
| Owner/Agent Signature: | | Member No: |
| Address: | | |
| City: | | |
| Phone Numbers: Home_() | | |
| E-mail Address: | | |
| | | |