AMERICAN CHIANINA ASSOCIATION

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APPLICATION FOR REGISTRATION

IF BREEDER IS SAME AS OWNER WRITE SAME

BREEDER (OWNER AND/OR LEESEE OF DAM AT TIME OF SERVICE) ACA MEMBER NO.

ADDRESS

CITY STATE ZIP

(AREA CODE) TELEPHONE NUMBER

OWNER (AT TIME OF BIRTH) ACA MEMBER NO.

ADDRESS

CITY STATE ZIP

(AREA CODE) TELEPHONE NUMBER

X

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

SIRE:

NAME

ACA REGISTRATION NO. BREED % AGE

CIRCLE ONE: A.I. OR NATURAL BREEDING

IF UNREGISTERED. PLEASE INDICATE % OF EACH BREED IF REGISTRED WITH ANOTHER ASSOCIATION. PLEASE GIVE REGISTRATION NO. AND/OR ATTACH PEDIGREE.

DAM:

NAME

ACA REGISTRATION NO. BREED % AGE

IF UNREGISTERED. PLEASE INDICATE % OF EACH BREED IF REGISTRED WITH ANOTHER ASSOCIATION. PLEASE GIVE REGISTRATION NO. AND/OR ATTACH PEDIGREE.

CALF:

NAME: (LIMIT 30 SPACES INCLUDING SPACES AFTER WORDS) PLEASE PRINT

TATTOO:

HERD PREFIX

TATTOO YEAR LETTER

Both the herd prefix and tattoo must be present in the animal's ear

LOCATION:

LE:_____ RE:____ or BOTH:_____

COLOR OF ANIMAL

BIRTHDATE: ____/____/____ SEX: ____

B = BULL
C = COW
S= STEER

H = HORNED/DEHORNED
S = SCURRED
P = POLLED

IF TWIN CHECK ❐

PERFORMANCE DATA

WEANING DATA:	
DATE WEIGHED	ACTUAL WEIGHT
YEARLING DATA:	
DATE WEIGHED	ACTUAL WEIGHT

CREEP FED ❑ BIRTH WEIGHT: _____

FOSTER COW ❑ CALVING EASE: _____

A = UNASSITED
B = SOME ASSISTANCE
C= MECHANICAL ASSISTANCE
D = CAESARIAN
E = ABNORMAL PRESENTATION

CONTEMPORARY GROUPS:

BIRTH WT GROUP #: _____

WEAN WT GROUP #: _____

YEAR WT GROUP #; _____

APPLICATION FOR TRANSFER

PARTIAL INTEREST ❑ AMOUNT PER OWNER _____%

I (WE) X DATE OF SALE:

HERE BY AUTHORIZE THE TRANSFER OF OWNERSHIP OF THIS ANIMAL

SOLD TO:

ADDRESS

CITY STATE ZIP

(AREA CODE) TELEPHONE NO. NEW OWNERS ACA NO.

IF THE FEMALE BEING TRANSFERED IS SOLD OPEN PLEASE CHECK HERE: ❐

FOR FEMALE SOLD AS BRED PLEASE ENTER RECORD OF SERVICE HERE:

BRED ON: ____/____/____ PASTURE EXPOSED STARTING: ____/____/____ END: ____/____/____

ACA NO. OF SERVICE SIRE / NAME OF SERVICE SIRE (IF NOT REGISTERED WITH ACA PLEASE SPECIFY BREED)

IF SERVICE SIRE IS NOT REGISTERED PLEASE SPECIFY BREED

MAIL CERTIFICATE TO: BUYER ❑ or SELLER ❑

EMBRYO TRANSPLANT & CLONE

IF THIS CALF IS THE RESULT OF AN EMBRYO TRANSPLANT CHECK HERE ❐

THE A.I. SIRE AND DONOR COW OF THE EMBRYO MUST BE DNA TYPED FOR PARENTAGE MARKERS

IF THIS CALF IS THE RESULT OF A CONE CHECK HERE ❐

ACA OFFICE USE ONLY