



"Breeding for Tomorrow"

AMSS

AMERICAN MILKING SHORTHORN SOCIETY

American Milking Shorthorn Society

800 Pleasant Street, Beloit, WI 53511

Phone: (608) 365-3332 Fax: (608) 365-6644

www.milkingshorthorn.com

email: registrations@milkingshorthorn.com

Enrollment Form for NAAB Listing

Full Registration Name of Bull: _____

Registration Number: _____ Date of Birth: _____

Short Name (Optional): _____

NAAB Code (received from Collection Company): _____

Release Date of Semen: _____ (date of first made available for sale or use privately)

Country of Dam: _____

The undersigned hereby certifies that he/she is the owner or the duly authorized agent of the above-referenced bull and that all information contained herein is correct to the best of his/her knowledge. The undersigned further requests that the American Milking Shorthorn Society enroll said bull with NAAB in their Cross Reference Database and authorizes AMSS to act as "Controller" for the purposes of status changes.

Owner/Agent: _____

Address: _____

Phone: _____