



APPLICATION FOR REGISTRY

American Milking Shorthorn Society

For Office Use Only

READ BEFORE FILLING OUT – PREPARE IN INK OR TYPEWRITER

Check here if Express Herd for current year
 FEMALE MALE HORNED POLLED
 TWIN Sex of other twin _____
Color _____ Date of Birth _____

Tattoo or Official Ear Tag ID Required
Tattoo Left Ear _____ Right Ear _____
Ear Tag No. Left Ear _____ Right Ear _____
RFID No. _____
 Check here to use RFID No. as Registration Number.

NAME _____
Limited to 30-spaces beginning with breeder's prefix – includes registry prefix/suffix (ie: EXP, GE, GI, ET, TW, etc.)
Sire _____ Reg. No. _____
Dam _____ Reg. No. _____
Dam's Sire _____ Reg. No. _____

SERVICE RECORD OF DAM

Date Dam Bred _____ Artificial Insemination Natural Service
If pasture bred, give dates dam with sire

EMBRYO TRANSFER INFORMATION

If ET calf, AMSS Embryo ID _____ and Flush Number _____
 Embryo Transfer Frozen Embryo? Recovery Date _____ Straw Number _____
 IVF Yes No Date of Transfer _____ Recipient ID _____

OWNER OF DAM AT TIME OF BREEDING Name _____ Customer No. _____ Phone No. _____
Address _____

OWNER OF DAM AT TIME OF CALVING Name _____ Customer No. _____ Phone No. _____
Address _____

In making this application, I hereby certify to the truth and accuracy of the data given above and offer this animal for entry on the records of and in accordance with the provisions of the constitution and bylaws of the American Milking Shorthorn Society. The animal offered for registration has been identified by tattoo or official ear tag ID. I accept full responsibility for any damages resulting from inaccurate breeding information unless breeding receipt is attached. In addition, I agree that all records on the animals in my herd, whether maintained by me or others, including production records, may be obtained and used by the American Milking Shorthorn Society in its programs.

SIGNATURE OF OWNER _____ Date: _____
Owner or Authorized Agent

APPLICATION FOR TRANSFER OF OWNERSHIP

I hereby authorize the transfer of ownership on the Association records for the animal described in above application.

Date of Sale _____ Purchaser's Phone _____
Name of Purchaser _____
Address _____
(Street and/or Box Number) (City) (State) (Zip)
Breeding Information: Not Bred Artificial Insemination Natural Service ET Recipient
Date Bred _____ (If pasture bred, give dates with sire)
Name of Service Sire _____ Reg. No. _____
Signature of Seller _____ Date: _____
Owner or Authorized Agent