



PUREBRED CLONE

REGISTRATION APPLICATION

BILLING INFORMATION	
—	
Membership Number	
Membership Name	
City, State, Zip	

Date M M / D D / Y Y Y Y

Membership Number Membership Name (Individual/Farm Registering Calf)

Street City State Zip

Phone Number Fax Number

*** INFORMATION MUST BE COMPLETED FOR REGISTRATION**
 COLORED BOXES ARE OPTIONAL

1	CALF INFORMATION:	*NAME OF CALF (NO MORE THAN 25 CHARACTERS INCLUDING SPACES) (EMBRYO TRANSFER CALVES WILL AUTOMATICALLY INCLUDE "ET" IN LAST TWO SPACES)																			
2	CALF INFORMATION:	*TATTOO		*DATE OF BIRTH		<input type="checkbox"/> MALE		*DNA CASE #		CALVING EASE SCORE (1-5) <input type="checkbox"/> 1.UNASSISTED <input type="checkbox"/> 2.EASY PULL <input type="checkbox"/> 3.HARD PULL <input type="checkbox"/> 4.CAESAREAN <input type="checkbox"/> 5.ABNORMAL	*COLOR		<input type="checkbox"/> HORNED		BIRTH WT	GRP #					
		LEFT EAR	RIGHT EAR	M M / D D / Y Y Y Y		<input type="checkbox"/> FEMALE					<input type="checkbox"/> POLLED		<input type="checkbox"/> SCURRED								
3	GENETIC CELL DONOR INFORMATION	*REGISTRATION NUMBER				CELL DONOR NAME				*DNA CASE NUMBER				*OWNER OF CELL LINE							
4	DAM INFORMATION:	DAM ID (TATTOO)				*DAM REGISTRATION NUMBER				DAM NAME											
5	SIRE INFORMATION:	SIRE ID (TATTOO)				*SIRE REGISTRATION NUMBER				SIRE NAME											
6	TRANSFER INFORMATION:	NAME OF NEW OWNER				MEMBERSHIP #		ADDRESS													
						—		STREET		CITY		STATE		ZIP							
7	TRANSFER INFORMATION:	ADDITIONAL NEW OWNER				MEMBERSHIP #		ADDRESS													
						—		STREET		CITY		STATE		ZIP							
8	TRANSFER INFORMATION:	DATE OF SALE		<input type="checkbox"/> RETURN CERTIFICATE TO SELLER				SIGNATURE OF SELLER													
		M M / D D / Y Y Y Y		<input type="checkbox"/> RETURN CERTIFICATE TO NEW OWNER																	



PUREBRED REGISTRATION APPLICATION GUIDE FOR COMPLETION

NOTE: Line items marked by “ * “ MUST be completed for registration.

Complete the top portion of the application with the owner of the Dam's membership account information

Billing Information - You may include a different associated herd membership account to bill.

Line 1: Calf Information:

***Name of Calf:** One letter per box (Maximum of 25 Characters - ET calves will automatically include ET in 24th and 25th spaces)- *must be completed*

*AI/ET: Check appropriate boxes and have AI certificates in your account at the ASA

Line 2: Calf Information:

***Calf ID:** Tattoo Number (limited to 8 digits); must be unique to herd - mark in left ear or right ear - *must be completed*

***Date of Birth (MM/DD/YYYY):** Actual birth date (Ex. October 12, 1992 is 10-12-1992) - *must be completed*

***Male/Female/Steer:** Sex of animal - Check appropriate box - *must be completed*

No. Born: Single birth (1), twin (2) triplet (3) - Check appropriate box

CE Score: Calving ease score

1. Unassisted
2. Easy pull (no mechanical assistance)
3. Hard pull
4. Caesarean
5. Abnormal presentation

***Color:** Standard colors are listed below with abbreviations - *must be completed*

Red - Red	Roan - Roan	
R/W - Red and White	White - White	R/W/M - Red with white marks

***Horns/Polled/Scured:** Check appropriate box - *must be completed*

Birth Weight: Weight in pounds

Group Number: If a group number is not provided, a 1 will be put in for you

Line 3: Dam Information: If the animal is not an ASA registered animal, refer to the ShorthornPlus/Durham Red application

Dam ID: Cow's Tattoo Number

***Dam Registration Number:** Number from ASA - *must be completed if not initial entry*

Dam Name: Please Print

Line 4: Sire Information: If the animal is not an ASA registered animal, refer to the ShorthornPlus/Durham Red application

Sire ID: Tattoo Number

***Sire Registration Number:** Number from ASA - *must be completed*

Sire Name: Please Print

AUTHORIZATION AND TRANSFER SECTION

Line 5: Owner of Dam at Breeding - Print name and address, and provide signature

Line 6: Owner of Dame at Calving - Print name and address, and provide signature. (if same as owner at breeding print SAME)

Line 7: Owner of Sire - Print name and address, and provide signature. If AI sired - must have certificate issued in the account of the owner of the dam and signature is not needed.

Line 8: Transfer information - Must include name, member account number and address of new owner. If transferring to a new member, a complete mailing address MUST be included.

Line 9: (Space for additional new owner) Must include name, member account number and address of new owner. If transferring to a new member, a complete mailing address MUST be included.

Percentage of ownership needs to be included

Line 10: Date of Sale (MM/DD/YYYY): Date animal was sold (Ex. October 12, 1992 is 10-12-1992) - *must be completed if being transferred*

Return to seller/Return to new owner: Check where to return the papers to - if not checked the papers will be sent to the new owner.

Signature of Seller - Please sign

Line 11: Recipient Information (only for ET calves) - Not required information

Recipient ID - Use "birth year/tattoo" format

Recipient Registration Number - ASA number

Recipient Description - Description of recipient age and breed composition



Registration Application for Clone

DATE: _____

The undersigned, a member in good standing with the American Shorthorn Association, hereby applies for registration of a cloned animal:

MEMBER NAME: _____ MEMBER NUMBER: _____

This application is for:

NAME OF CELL-CLONED ANIMAL: _____ DATE OF BIOPSY: _____

DNA CASE #: _____ AGRIGENOMICS LAB ID #: _____
(MUST ATTACH COPY OF TESTING RESULTS FROM AGRIGENOMICS)

CELL DONOR NAME: _____ ASA REG. #: _____

DNA CASE #: _____ AGRIGENOMICS LAB ID #: _____
(MUST ATTACH COPY OF TESTING RESULTS FROM AGRIGENOMICS)

BREEDER OF CELL DONOR: _____

SIGNED: _____

Please complete the specially marked Single Birth and Registration Application and return both forms to:

American Shorthorn Association
8288 Hascall Street
Omaha, NE 68124
(402) 393-7200 – (402) 393-7203 Fax
www.shorthorn.org