



# SHORTHORNPLUS 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.

**Block in Upper Left** - Check appropriate box and fill in any blanks, then proceed to appropriate Line 3 or 4 making sure to name sire/dam.

**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	White - White	B/W/M - Black with white marks
R/W - Red and White	Bl Roan - Black Roan	Tan - Tan
R/W/M - Red with white marks	Blk - Black	Oran - Orange
Roan - Roan	Grey - Grey	

\***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, fill in the name (required) and tattoo (if applicable)**

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, fill in the name (required) and tattoo (if applicable)**

Sire ID: Tattoo Number

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

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:

(CHECK ONE)

ShorthornPlus

Durham Red

## 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

**MUST COMPLETE THIS BOX IF THE DAM OR SIRE OF CALF IS AN INITIAL ENTRY\*\***

\*\*Initial entries are those that have not had progeny registered with the ASA or have not been identified in the ASA herd book.

**DAM IS REGISTERED IN ANOTHER PUREBRED ASSOCIATION** - A COPY OF REG.PAPER/PEDIGREE IS ATTACHED

**DAM IS CROSSBRED OR NOT REGISTERED** - COMPLETE THE FOLLOWING INFORMATION:  
 DATE OF BIRTH: \_\_\_\_\_ BREED: \_\_\_\_\_ COMPLETE LINE '3' BELOW  
 (MM/DD/YYYY)

**SIRE IS REGISTERED IN ANOTHER PUREBRED ASSOCIATION** - A COPY OF REG.PAPER/PEDIGREE IS ATTACHED

**SIRE IS CROSSBRED OR NOT REGISTERED** - COMPLETE THE FOLLOWING INFORMATION:  
 DATE OF BIRTH: \_\_\_\_\_ BREED: \_\_\_\_\_ COMPLETE LINE '4' BELOW  
 (MM/DD/YYYY)

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

1	CALF INFORMATION:	<b>*NAME OF CALF (NO MORE THAN 25 CHARACTERS INCLUDING SPACES)</b> (EMBRYO TRANSFER CALVES WILL AUTOMATICALLY INCLUDE "ET" IN LAST TWO SPACES)												* If Applicable	
														<input type="checkbox"/> AI	<input type="checkbox"/> ET
2	CALF INFORMATION:	<b>*TATTOO</b>		<b>*DATE OF BIRTH</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE	<b>CALVING EASE SCORE (1-5)</b> <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	<b>*COLOR</b>	<input type="checkbox"/> HORNED	<b>BIRTH WT</b>	<b>GRP #</b>				
		LEFT EAR	RIGHT EAR	M M / D D / Y Y Y Y	<input type="checkbox"/> FEMALE	<input type="checkbox"/> TWIN		<input type="checkbox"/> POLLED							
3		<b>DAM ID (TATTOO)</b>		<b>*DAM REGISTRATION NUMBER</b>			<b>DAM NAME</b>								
4		<b>SIRE ID (TATTOO)</b>		<b>*SIRE REGISTRATION NUMBER</b>			<b>SIRE NAME</b>								
5	OWNER OF DAM AT BREEDING:	<b>NAME</b>			<b>ADDRESS</b>					<b>SIGNATURE</b>					
6	OWNER OF DAM AT CALVING:	<b>NAME</b>			<b>ADDRESS</b>					<b>SIGNATURE</b>					
7	OWNER OF SIRE:	<b>NAME</b>			<b>ADDRESS</b>					<b>SIGNATURE</b>					
8	TRANSFER INFORMATION:	<b>NAME OF NEW OWNER</b>			<b>MEMBERSHIP #</b>	<b>ADDRESS</b>									
					-	STREET	CITY	STATE	ZIP						
9	TRANSFER INFORMATION:	<b>ADDITIONAL NEW OWNER</b>			<b>MEMBERSHIP #</b>	<b>ADDRESS</b>									
					-	STREET	CITY	STATE	ZIP						
10	TRANSFER INFORMATION:	<b>DATE OF SALE</b>		<input type="checkbox"/> RETURN CERTIFICATE TO SELLER		<b>SIGNATURE OF SELLER</b>									
		M M / D D / Y Y Y Y	<input type="checkbox"/> RETURN CERTIFICATE TO NEW OWNER												
11	RECIPIENT INFORMATION:	<b>RECIPIENT ID (TATTOO)</b>			<b>RECIPIENT REGISTRATION NUMBER</b>			<b>RECIPIENT DESCRIPTION</b>							