# AMERICAN BLACK HEREFORD ASSOCIATION

Application for Registration

P.O. Box 857, Platte City, MO 64079 - Phone- 833-501-4750 service@blackhereford.org



| Calf # | Color | N/R R or C | SIRE *Registration Number* | DAM *Registration Number* | DOB Mo/Day/Yr | Sex | Birth Type | Calving Ease | Service Type | Horn Status | Tattoo (6 Spaces Max) Left Ear | Tattoo (6 Spaces Max) Right Ear | Birth Wt. | Calf's Name *(28 Spaces Max)* |
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**CALF #** Calf's unique ID number for your herd

**COLOR** **R** = Red, **B** = Black

**N/R, R or C** **N/R** = Enrollment of F1 or N/R calf, **R** = Register this calf, **C** = Compute data only

**SIRE** **Sire** - ABHA, AHA or AAA registry number

**DAM** **Dam** - ABHA, AHA or AAA registry number

**DOB** Date of calf's birth

**SEX** **B** = Bull calf, **H** = Heifer calf, **S**= Steer

**BIRTH TYPE** **S** = Single, **T** = Twin, **TP** = Triplets, **ET** = Embryo Transplant

**CALVING EASE** **N =** No Assistance , **S** = Some Assistance, **D** = Difficult, **Y**= Surgery, **A =** Abnormal, **DOA** = Dead on Arrival

**SERVICE TYPE** **N** = Natural, **AI** = Artificial Insemination, **ET** = Embryo Transplant, **L** = Leased Sire

**Note:** *NON-OWNER CERTIFICATES MAY BE REQUIRED*

**HORN STATUS** **H** = Horned, **P** = Polled, **S** = Scurred, **D** = Dehorned

**TATTOO** Permanent Herd ID Number (maximum 6 spaces)

**BIRTH WT** Birth weight within 24 hours of calf's birth

**NAME** Calf's registered name (up to 28 spaces). If **ET** calf, last two characters must be **ET**

**Breeder Name**

**Address**

**City, State, Zip**

**Telephone**

**Email**

**Signature of Dam's Owner**