

A BEGINNING TO

Membership Name _____
Address _____
Phone _____
Member No. _____
Date _____

APPLICATION FOR REGISTRATION
Into the
American Herbataurus
Society
Herd Book
Contact Laurel Hoffman 814-256-3707



EXCELLENCE!

Animal's Name _____ TAG ID: left ear _____ right ear _____
Sex _____ Breed _____ Date of Birth _____ Birth weight _____
Conception: Natural Service, Artificial Insemination, or Embryo Transplant _____ TATTOO/BRAND _____
Calving assistance: Yes or No _____ Eye pigment color _____
Coat color _____ Nose color _____ Horned, polled, scurs, or dehorned _____
Location and size of any white marks _____

Sire's Name _____ ID No. _____
AHS Registration No. _____
Breed _____ (State if Full blood, Pureblood or Percent Devon)
Name of owner of sire at time dam was serviced _____

Dam's Name _____ ID No. _____ Gest. days with above calf _____
AHS Registration No. _____
Breed and percent of each if cross bred _____
Name of owner of dam at time dam was serviced _____
Name of owner of dam at time of calving _____
Address _____
Signature _____ Date _____