

RAA ROMANGUS ASSOCIATION

3815 Touzalin, Suite 104 • Lincoln, NE 68507-1600
 Phone: (402) 466-3334 • Fax: (402) 466-3338

BREEDER (OWNER OF DAM AT TIME OF BREEDING)

ADDRESS _____
 CITY, STATE, ZIP _____
 BREEDER # _____
 PHONE _____

I hereby certify and declare that the below is true and correct and I desire to have the same recorded in the Romangus Association record. In consideration of which I agree to abide and be bound by the by-laws, rules and regulations of the Association and amendments thereto.

Applicant's signature _____ Date _____

REG. NO.	CALF NAME (OR CHARACTER)	SEX	TATTOO	LOC.	DATE OF BIRTH	BIRTH WT.	EASE	BRED CODE	FEED TYPE	WEANING	YEARLING		
SIRE REG	SIRE NUMBER									WT.	DATE WEANED	WT.	DATE WEIGHED
SIRE PERCENT		SIRE NAME		DAM REG		DAM NUMBER		DAM NAME		(ADDRESS)			
% ROM	% ANGUS			% ROM	% ANGUS					(PHONE)			
TRANSFER	DATE OF SALE	(BREEDER #)		(NAME)									

REG. NO.	CALF NAME (OR CHARACTER)	SEX	TATTOO	LOC.	DATE OF BIRTH	BIRTH WT.	EASE	BRED CODE	FEED TYPE	WEANING	YEARLING		
SIRE REG	SIRE NUMBER									WT.	DATE WEANED	WT.	DATE WEIGHED
SIRE PERCENT		SIRE NAME		DAM REG		DAM NUMBER		DAM NAME		(ADDRESS)			
% ROM	% ANGUS			% ROM	% ANGUS					(PHONE)			
TRANSFER	DATE OF SALE	(BREEDER #)		(NAME)									

REG. NO.	CALF NAME (OR CHARACTER)	SEX	TATTOO	LOC.	DATE OF BIRTH	BIRTH WT.	EASE	BRED CODE	FEED TYPE	WEANING	YEARLING		
SIRE REG	SIRE NUMBER									WT.	DATE WEANED	WT.	DATE WEIGHED
SIRE PERCENT		SIRE NAME		DAM REG		DAM NUMBER		DAM NAME		(ADDRESS)			
% ROM	% ANGUS			% ROM	% ANGUS					(PHONE)			
TRANSFER	DATE OF SALE	(BREEDER #)		(NAME)									

REG-REGISTRY
 RN-ROMANGUS
 AN-ANGUS (BLACK)
 AR-RED ANGUS
 RS-ROMANGUS

SEX
 B-BULL
 H-HEIFER

LOC
 LOCATION OF TATTOO
 L-LEFT EAR
 R-RIGHT EAR
 B-BOTH EARS

EASE
 CALVING EASE
 A-UNASSISTED
 B-ASSISTED
 C-CAESAREAN

BRED CODE
 0-NATURAL SERVICE
 1-ARTIFICIAL INSEMINATION
 2-EMBRYO CALF (must have Blood type)
 3-OUT OF HERD AI (must have AI certification from certified bull)

FEED TYPE
 CR-CREEP
 HA-HAY ALFALFA
 HG-HAY GRASS
 PA-PASTURE
 SW-SHOW

RECEIVED _____
 CHECK # _____ \$ _____

This application was completed and mailed on: _____