



3815 Touzalin, Suite 104 Lincoln, NE 68507  
 (402)466-3334 FAX (402)466-3338

<b>BREEDER (OWNER OF DAM AT TIME OF BREEDING)</b>	
ADDRESS	
CITY, STATE, ZIP	
PHONE	BREEDER #

I hereby certify and declare that the below is true and correct and I desire to have the same recorded in the American Romagnola 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 <small>(24 CHARACTERS)</small>	SEX	TATTOO	LOC.	DATE OF BIRTH	BIRTH WT.	EASE	BRED CODE	FEED TYPE	WEANING		YEARLING	
										WT.	DATE WEANED	WT.	DATE WEIGHED
%	SIRE ARA #	SIRE NAME			DAM ARA #	DAM NAME			DAM %	CASE #	DATE OF SALE		
(BREEDER #)		(NAME)			(ADDRESS)				(PHONE)				
TRANSFERRED TO:													

REG. NO.	CALF NAME <small>(24 CHARACTERS)</small>	SEX	TATTOO	LOC.	DATE OF BIRTH	BIRTH WT.	EASE	BRED CODE	FEED TYPE	WEANING		YEARLING	
										WT.	DATE WEANED	WT.	DATE WEIGHED
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(BREEDER #)		(NAME)			(ADDRESS)				(PHONE)				
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TRANSFERRED TO:													

**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

**ATTENTION DO NOT SEND IN THE APPLICATION UNTIL THE ABOVE IS COMPLETE**  
**This application was completed and mailed on:**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Mo. Day Year**

**-RECEIVED-**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

**SEX B-BULL F-FEMALE**