



# REGISTRATION APPLICATION

Heritage Shorthorn Society • 6515 Kurtz RD, Dallas, OR 97338

www.heritageshorthorn.org • (503) 860-8697 • registration@heritageshorthorn.org

Please complete one form (choose an option below on how to do so) for each animal and email the resulting file(s) to: **registration@heritageshorthorn.org** (**Preferred**) Open this file in a web browser or PDF reader, type the necessary information into the fields, and save a copy. Sign by entering your full name. (Optional) Print out a paper copy, fill it out by hand, and scan it back in with a machine or your phone when ready.

**Name & Type** (please limit your choice of name to around 30 characters, but going over is acceptable and any extra will not be cut off)

Name: \_\_\_\_\_

Check the box for a breed type to appear on the registration papers. Otherwise skip if no preference.

Beef Type

Dairy Type

Dual Purpose

*FOR OFFICE USE ONLY*

Registration No.: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## Animal Information

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Year Letter: \_\_\_\_\_ To shift this animal's recording year. Birth Weight: \_\_\_\_\_ lbs.

Month      Day      Year

Birth Was:  Single  Twin /  Natural Service  Artificial Insemination  Embryo Transplant

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Horn Status: \_\_\_\_\_

(Cow | Steer | Bull)      (Red | Red & White | Roan | White)      (Horned | Polled | Homozygous Polled | Heterozygous Polled | Scurred)

Tattoo: Left Ear: \_\_\_\_\_ Right Ear: \_\_\_\_\_ Herd ID Tag No.: Left Ear: \_\_\_\_\_ Right Ear: \_\_\_\_\_

RFID / EID No.: \_\_\_\_\_ State Metal Tag No.: \_\_\_\_\_

**Parentage** (if sire or dam is not registered, another ID must be used for identification. RFID / EID or State Metal Tag No. is recommended)

Sire: \_\_\_\_\_ Name \_\_\_\_\_ Registration No. \_\_\_\_\_ Breed Association \_\_\_\_\_ Herd No. or Semen Code \_\_\_\_\_

Dam: \_\_\_\_\_ Name \_\_\_\_\_ Registration No. \_\_\_\_\_ Breed Association \_\_\_\_\_ Herd No. \_\_\_\_\_

**Breeder** (this section may be skipped if the Breeder is the same as the Registering Party)

Breeder Name: \_\_\_\_\_ Assoc. & Member No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Registering Party** (existing members may only fill out Name, Member No., Signature, and Date, unless their information has changed)

Member Name: \_\_\_\_\_ HSS Member No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

As the owner of this animal, or an authorized agent, (I / we) certify that all information on this registration application is true and correct to be best of (my / our) knowledge, and that the Heritage Shorthorn Society shall have the privilege to correct and/or cancel this application under the Rules and Regulations of the Registry. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the Heritage Shorthorn Society.

Signature or Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_