

APPLICATION FOR ANIMAL REGISTRATION

IN THE HERD REGISTER OF THE AHIMSA FOUNDATION FOR CATTLE PROTECTION * INSTRUCTIONS ON REVERSE * USE INK

1. AFFCAP ID NUMBER		
Farm Code	Animal I.D. #	Birth Year Code

2. SEX OF ANIMAL FEMALE MALE		3. ANIMAL NAME: LIMIT TO 32 LETTERS AND PRINT IN ALL CAPITAL LETTERS									
OFFICE USE ONLY		4. Date of Birth (D/M/Y) ____/____/____				5. AFFCAP EAR TAG NUMBER: LEFT EAR			5. AFFCAP EAR TAG NUMBER: RIGHT EAR		
		6. Twin With Bull YES NO		6. NATURALLY SERVICED YES NO		6. TWIN WITH HEIFER YES NO		6. EMBRYO TRANSFER YES NO		6. ARTIFICIAL INSEMINATION YES NO	
7. FATHER'S NAME										7. FATHER'S REGISTRATION NUMBER	
8. MOTHER'S NAME										8. MOTHER'S REGISTRATION NUMBER	
9. SERVICE DATA. I herby certify this animal is the result of a NATURAL SERVICE, DATED: _____					10. AGREEMENT AND CERTIFICATION: I have received copies of the AFFCAP Rules and Regulations, Cattle Protection Standards, and Transfer of Cattle forms, and in consideration of the registration of this animal, I agree to all the terms and provisions thereof. I understand that under certain circumstances described in the Charter, the Board of Trustees of the Foundation may take disciplinary action against me. I agree that in such an event the Board's action and the reasons thereof may be published in the AFFCAP Journal, and I waive any claims for damages resulting from such publication. I HERBY CERTIFY to the truth and accuracy of the data given in this application and offer this animal for entry in the records of the Foundation. The animal offered for registration is identified by AFFCAP ear tags. I accept full responsibility for any damages resulting from inaccurate breeding information unless the breeding receipt is attached. In addition, I agree that all records of animals in my herd, whether maintained by me or others, including production records, may be obtained and used by the Foundation in its programs.						
9. A.I. SERVICE :DAY ____ MONTH ____ YEAR ____ OR BREEDING RECEIPT IS ATTACHED <input type="checkbox"/>					11. SIGNATURE OF OWNER OF FEMALE AT TIME OF CALVING						
14. ORDER AFFCAP EAR TAG(S) FOR THIS ANIMAL, USING THE TAGS ORDER FORM. YOU MAY DOWNLOAD FROM OUR WEB SITE. COMPLETE AND ATTACH ORDER FORM. PAYMENT IN FULL MUST BE RECEIVED BEFORE TAGS ARE PRODUCED					11. BY AUTHORIZED AGENT			12. Breed: _____ Percentage: _____			
13. ADDRESS CHANGE(S): STREET				13. CITY			13. STATE		13. ZIP CODE		
13. AREA CODE / TELEPHONE NUMBER		13. FAX		13. EMAIL ADDRESS				OFFICE USE ONLY			

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PROPER FEES MUST ACCOMPANY ALL APPLICATIONS. HAVE YOU DOUBLE-CHECKED ALL NUMBERS?