

Heritage Shorthorn Society



Yesterday's Genetics for Tomorrow's Shorthorns

Heritage Shorthorn Registry

P.O. Box 118
Butler, MO 64730
816-738-4179

email: registration@heritageshorthorn.org

Registration Application

Effective 01/2020

This form after filled out, may be scanned and emailed to the Registry.
Please e-mail it to registration@heritageshorthorn.org

FOR OFFICE USE ONLY

Registration No.: _____

Date: _____

Name Choices - Please limit your choices to 30 characters or less including prefix and suffix (ET, CL, Twin or HI)

1st Choice:

2nd Choice:

3rd Choice:

Applying for registration as:

Heritage Shorthorn Heritage Influenced

Check the Box below for breed type to appear on registration papers.
If no box is checked then nothing will be on papers.

Beef Type Dairy Type Dual Purpose

Animal Information

Date of Birth: ____/____/____
Month Day Year

Year Letter: _____

Birth Weight Lbs: _____

Birth Was: -Single -Twin to Cow -Twin to Bull -Embryo Transplant -Clone If Embryo Transplant or Clone box is checked include Embryo Transplant Form with application

Sex of Animal: _____
(Cow | Bull | Steer)

Color: _____
Red | Red & White | Roan | White

Horn Status: _____
(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, other ID must be used for identification - (RFID / EID or State Metal Tag No. is recommended).

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

Dam: _____
Name Registration No. Herd No. Breed Association

Dams Breeding Record:

If animal is result of Artificial Insemination - attach all breeding receipts or report date of service: _____

If animal is result of Natural Service, provide dates the sire listed had access to dam: From date: _____ to _____

Owner of Dam at time of Breeding
Owner Name: _____ Member No.: _____
Address: _____ City, State, Zip _____

Owner of Dam at time of Calving
Owner Name: _____ Member No.: _____
Address: _____ City, State, Zip _____

As recorded owner or authorized agent of the Dam of this animal at time of birth, (I / we) hereby certify that all information on this registration application is true and correct to the best of my knowledge, and that the Heritage Shorthorn Registry 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 Registry.

Owner/Agent Signature: _____ Member No.: _____

Address: _____ Printed Name: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Phone Numbers: Home (____) _____ Cell (____) _____ Fax (____) _____

E-mail Address: _____

(The Heritage Shorthorn Registry **WILL NOT SHARE** your e-mail address)