

American International Charolais Association
 11700 N.W. Plaza Circle
 Kansas City, MO 64153

816.464.5977
 Fax 816.464.5759

DATE _____
 www.charolaisusa.com

APPLICATION

Registration/Recordation For Natural, AI and ET Calves

Please Refer to inside front cover for instructions.

Do Not Write in This Space

	I.D. NUMBER	BIRTH DATE	A.I.C.A. NUMBER	PERCENT CHAROLAIS
DAM				
SIRE	ET REGISTRATION ONLY			Breed Percent
CALF			S <input type="checkbox"/> MALE E <input type="checkbox"/> FEMALE X <input type="checkbox"/> STEER	CALF CODE

L Signature and Breeder Number of owner of sire at time dam was served, unless service is signed for on transfer of pregnant dam.

_____ BREEDING DATE _____
(Exact date of service or insemination if available.)

ET REGISTRATION ONLY

M Breeder number and signature of owner of the donor at the time of the flush

_____ FLUSH DATE _____
Flush Date must be provided in order to process.

A Calfs Name _____ E T

Leave Space Between Names or Numbers

B Identification Number (Tattoo or Firebrand) _____

C Location _____

F

- Natural Service
- In-Herd A.I.
- Out-of-Herd A.I.
- Embryo Transplant

Applicant certifies by signature that such identifying tattoo are on this animal at date of application.

G

<input type="checkbox"/> Purebred Reg.	<input type="checkbox"/> Verified Polled	Percentage of Blood <small>(If Not Purebred, Use Fractions)</small> % Charolais <input type="text"/> / <input type="text"/> % Other Breed <input type="text"/> / <input type="text"/>	H <input type="checkbox"/> Horned <input type="checkbox"/> Scurs <input type="checkbox"/> Dehorned <input type="checkbox"/> Polled
<input type="checkbox"/> Red Charolais	<input type="checkbox"/> Charbray Cross		
<input type="checkbox"/> American French	<input type="checkbox"/> Charbray		
<input type="checkbox"/> Full French	<input type="checkbox"/> Cross Recordation		

I Color of Animal <input type="checkbox"/> White <input type="checkbox"/> Light Straw <input type="checkbox"/> Light Cream <input type="checkbox"/> Gray <input type="checkbox"/> Dark Cream <input type="checkbox"/> Other _____	J Color of Switch <input type="checkbox"/> White <input type="checkbox"/> Dark Cream <input type="checkbox"/> Light Cream <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	K Color of Nose <input type="checkbox"/> Light <input type="checkbox"/> Dark
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INCLUDE CORRECT FEES

The Association shall not be liable to any person for any damages or other relief as a result of the issuance, transfer, correction or cancellation of registration certificates resulting from incorrect statements or information given by the applicant for registration or any other person or from erroneous data recorded on registration certificates by the Association.

Performance information must be reported on the AICA Registration Form and Weaning Worksheet

Address _____ Zip Code _____

N Signature and Breeder Number of applicant (owner of dam at time of calving).

Address _____ Zip Code _____

O I hereby authorize **TRANSFER** of this animal to _____

Date Animal Delivered _____ MO _____ DAY _____ YR _____

Name _____

Address _____

City _____ State _____ Zip Code _____

P Mail Certificate to: Seller New Owner