



# Weaning Worksheet And Registration

Breeder # \_\_\_\_\_ Name: \_\_\_\_\_

The Association shall not be liable to any person for any damages or other relief as a result of the issuance, transfer, correction 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

PO BOX 20247, KANSAS CITY, MISSOURI 64195 Tel: (816) 464 - 5977 Fax: (816) 464-5759

PARENTAGE		CALVING											WEANING						STATUS CODES				
DAM	SIRE												CALF			DAM							
REGNUM	REGNUM	SVC*	PH#	PH# LOC	HOLD BRAND	HB LOC	BIRTHDATE M/D/Y	SEX	TWIN CODE	CALVING EASE	BIRTH WT/lbs	UDDER SCORE	WNG DATE M/D/Y	WNG WT/lbs	MGT CODE	PAST	WEIGH DATE M/D/Y	WT/Lbs	BCS	CALF DISP	DAM DISP		
PH#	PH#																						
				NAME (MAX 24 CHAR)											CLASS	PSHD	BODY/NOSE COLOR	EMBRYO RECIP INFORMATION	AGE	BREED	TAG/REGNUM	DONOR FLUSH DATE	
				NAME (MAX 24 CHAR)											CLASS	PSHD	BODY/NOSE COLOR	EMBRYO RECIP INFORMATION	AGE	BREED	TAG/REGNUM	DONOR FLUSH DATE	
				NAME (MAX 24 CHAR)											CLASS	PSHD	BODY/NOSE COLOR	EMBRYO RECIP INFORMATION	AGE	BREED	TAG/REGNUM	DONOR FLUSH DATE	
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				NAME (MAX 24 CHAR)											CLASS	PSHD	BODY/NOSE COLOR	EMBRYO RECIP INFORMATION	AGE	BREED	TAG/REGNUM	DONOR FLUSH DATE	
				NAME (MAX 24 CHAR)											CLASS	PSHD	BODY/NOSE COLOR	EMBRYO RECIP INFORMATION	AGE	BREED	TAG/REGNUM	DONOR FLUSH DATE	

Date: 08/02/2002

Please check this box if you need this form returned for additional registrations

\*Sires used out of herd A.I. require either an electronic semen transfer or signature on file. Please make arraignments with the sire owner to have the signatures or semen transfer forms faxed, e-mailed or sent to the AICA. DO NOT send this form to sire owner for signature

Applicant \_\_\_\_\_