



APPLICATION FOR ENTRY AMERICAN ANGUS HERD BOOK

American Angus Association, 3201 Frederick Avenue, Saint Joseph, Missouri 64506
(816) 383-5100 ■ Fax: (816) 233-9703 ■ www.angus.org

SEX _____ DATE CALVED _____ NAME OF ANIMAL _____

PLEASE PRINT (Limit name to 28 spaces, including spaces between words.)

Primary Identification Number: _____ Select one: Ear Tattoo Freeze Brand Hot Brand 840 EID

Secondary Identification: *only required if primary identification is 840 EID*

Select one: Ear Tattoo Hot Brand Freeze Brand Parentage Visual Tag ID Number: _____

Single Twin with Bull Twin with Cow Multiple Births

Is this animal the product of artificial insemination? YES or NO

Is this animal the result of an embryo transplant? YES or NO If yes, provide embryo removal date _____

Is this animal the result of a split embryo? YES or NO

Is this animal the product of IVF (in vitro fertilization)? YES or NO

SIRE REGISTRATION No. _____ DAM REGISTRATION No. _____

First Owner _____ Member Code _____

Address _____ City _____ State _____ Zip _____

BULL PERMIT

(To be signed by owner of record of sire if sire was not registered in name of the owner of record of dam at time of service.)

I certify that my bull _____, No. _____, bred the dam named in this application on (date) _____.

Insemination was ARTIFICIAL or NATURAL. (check one)

I further certify that this service conforms with the provisions of Rule 501 governing artificial insemination, if applicable, as follows:

- full time employee of owner of bull. immediate relative of owner of bull.
- dam was sold by owner of bull with A.I. breeding privilege as a condition of sale.

Member Code _____ Signed _____ Date _____

Address _____ City _____ State _____ Zip _____

TRANSFER OF ABOVE REGISTRATION

I (We) hereby authorize transfer of registration on the records of the Association to:

Name _____ Member Code _____ Email _____

Address _____ City _____ State _____ Zip _____

Sale Date _____ If the seller is retaining an interest in the animal, check this box.

Note: Checking this box will result in a multi-owned registration.

If the above animal is an open female (not bred) check this box. However, if above animal is a female, serviced prior to date of sale, provide SERVICE BULL NO. _____ INSEMINATION WAS:

ARTIFICIAL DATE OF SERVICE _____ OR NATURAL. EXPOSED PERIOD _____ to _____

I certify that the above service conforms with the ownership provisions of Rule 501 governing artificial insemination, if applicable, as follows: immediate relative full time employee _____

SIGNATURE OF OWNER OF RECORD OF SERVICE BULL IF NOT SELLER OF FEMALE _____ Member Code _____

If above animal is female and sold with AI breeding privilege to seller's bull, certify by checking the box.

I (We) hereby certify that the above pedigree is correct; that this animal is eligible for registration under the rules of the Association; and that the ownership provisions of Rule 501 governing artificial insemination have been complied with, if applicable.

Authorized Personal Signature on Membership

X _____ Member Code _____

Address _____

City _____ State _____ Zip _____

REGISTRATION FEES EFFECTIVE APRIL 6, 2021

Birth to 4 months of age.....	\$12
4 to 10 months of age.....	\$14
10 to 12 months of age.....	\$19
Over 12 months of age.....	\$32
Embryo Calves.....	Regular registration fee plus \$10 per calf.

TRANSFER FEES

Within 30 days from date of sale.....	\$5
30 to 60 days from date of sale.....	\$7
After 60 days from date of sale.....	\$12