



Registration Application

American Pinzgauer Association

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

FOR OFFICE USE ONLY

Registration No: _____

Date: _____

Name: _____
Name Choice - Please limit your choice to 30 characters or less including prefix and suffix (ET, TW or CL)

Breed Section: - Austrian Fullblood - American Fullblood - Purebred - Percentage Pinzgauer

Date of Birth: _____ Sex: _____ Color: _____ Horn Status: _____
(Month / Day / Year) (Cow | Bull | Steer) (Red & White | Black & White | Tan & Other) (Horned | Polled | Scurred | De-Horned)

Birth Weight: _____ Birth Was: -Single -Twin to Cow -Twin to Bull -Embryo / IVF Transplant

Calving Ease: - No Assistance - Some Assistance - Difficult - Surgery or Abnormal - Dead on Delivery

Tattoo: Left Ear: _____ Right Ear: _____ Herd ID Tag No.: _____ Left Ear: _____ Right Ear: _____ Tag Color: _____

RFID / EID No.: _____ State Metal Tag No.: _____

Brand: _____ Location of Brand: _____ Other ID: _____

If animal is weaned must provide a weaning weight: _____ Date Weight Taken: _____ (Month / Day / Year)

If animal is a yearling must provide a yearling weight: _____ Date Weight Taken: _____ (Month / Day / Year)

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

Animal being registered is the result of: _____ NS (Natural Service) _____ AI (Artificial Insemination) _____ ET / IVF

(If animal being registered is marked above as an ET/IVF or a Clone - please attach any pertinent documents with application if available)

Dams Breeding Record: If animal is result of ET / IVF enter recipient ID number: _____

If animal is result of AI or from an ET / IVF embryo - attach all breeding receipts or report date of service: _____

If animal is result of Natural Service please provide the dates which 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 American Pinzgauer Association shall have the right 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 American Pinzgauer Association.

Owner/Agent Signature: _____ Member No.: _____

Address: _____ Printed Name: _____

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

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

Email Address: _____

(Your email address WILL NOT BE SHARED)