

Registration Application

American Pinzgauer Association

P.O. Box 1080, Kiowa, Colorado 80117

FOR OFFICE USE ONLY
Registration No:
Date:

	Name Choice	e - Please limit your choice to	30 characters or I	ess including prefix and su	ffix (ET, TW or CL)
Breed Category:	☐ Fullblood	☐ Purebred	☐ Perce	ntage Pinzgauer	
ate of Birth:	Sex of Animal:	Color:		Horn Sta	itus:
	onth / Day / Year)	(Male or Female)	(Red & White or E	lack & White)	(Horned Polled Scurred)
Sirth Weight:	Birth Was:	☐ Single ☐ 1	Γwin to Cow	\square Twin to Bull	☐ Embryo / IVF Transplant
Calving Ease:	☐ No Assistance	Some Assistance	Difficult	☐ Surgery or Abnorm	al Dead on Delivery
attoo: Left Ear:	Right Ear:	Herd ID Tag No.:	Left Ear:	Right Ear:	Tag Color:
FID / EID No.:			State Metal Ta	g No.:	
rand:	Locatio		of Brand: Other ID:):
animal is weane	ed must provide a weaning we	ight:	Date Weigh	t Taken:	(Month / Day / Year)
animal is a year	ling must provide a yearling w	veight:	Date Weigh	(Month / Day / Year)	
Parentage: If si	ire or dam is not registered, othe	r ID must be used for ident	ification - (RFID /	EID or State Metal Tag N	lo. is recommended).
ire:	Name		ion No	Herd or Semen Code No.	Breed Association
am:		Registrati	IOII NO.	Herd of Selfiell Code No.	Dreed Association
	m:Name		Registration No.		Breed Association
0 0	istered is the result of:	NS (Natural Serv		_AI (Artificial Insemina	
(If animal being Dams Breeding animal is result o	g registered is marked above as	an ET/IVF or a Clone - ple	ase attach any pe If animal is result ts or report date o	of ET / IVF enter recipied f service:	pplication if available)
(If animal being Dams Breeding animal is result o	g registered is marked above as g Record: f Al or from an ET / IVF embryo f Natural Service please provide	an ET/IVF or a Clone - ple	ase attach any pe If animal is result ts or report date of had access to da	of ET / IVF enter recipient service: m:	pplication if available) nt ID number:
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