

## **Transfer of Ownership Form**

## AMERICAN PINZGAUER ASSOCIATION

P.O. Box 1080, Kiowa, Colorado 80117 info@pinzgauers.org

To register this animal with the American Pinzgauer Association in the new owner's name, this application for transfer of ownership and the original Registration Certificate must be completed and signed by the Last Recorded Owner.

		<u>-</u>	
Animal Name		Registration Number	Member Number
	D (Dla		
Date of Sale:	Buyer/New Owner - (Ple	ease print or type)	
New Owner(s):		Member No:	
Mailing Address:			
	State or Province:	Zip or Postal Code:	
Phone Numbers: Home: ()		Fax: ()	
E-mail:			
	(your e-mail address WILL N	NOT BE SHARED)	
If new owner is not APA member - Please print name	ne to appear on registration certificate	e - (Farm/Ranch Name or Individual(s) Name):	
	Breeding Information - (	(for females only)	
This animal was sold as being:Open	BredET Recipient		
If animal was sold as being <u>bred</u> , please complete the	ne information below.		
Bred Artificially:			
Date Bred:/			
Sire:			
Animal Name	Registration Number	Herd/Semen Code Number	Breed Association
Bred by Natural Service:			
Pasture exposure: From Date: / /	Thru Date: /	/	
Sire:	Ind Date/		
Animal Name	Registration Number	Herd Number	Breed Association
If an ET Recipient:			
Please attach a copy of the ET Transfer Form – the	Original must accompany the registra	ation application of resulting offspring.	
ET ID Number:			
	Authorized Sig	<u>gnature</u>	
Please send the	new Registration Certificate to: (if no one is specified, the Registration Cer	BuyerSel	ler
As recorded owner or authorized agent of this anima	al, (I / we) hereby authorize the Amer	rican Pinzgauer Association to transfer the o	wnership of this animal, and certif
that all information on this transfer is true and corre			
Rules and Regulations of the Association. By subm	itting this document, (I /we) hereby a	gree to be bound by the terms and condition	s of the American Pinzgauer
Association.			
0 0			
Owner Signature:		Member Number:	
Mailing Address:	Pri	nted Name:	
	State or Province:		
Phone Numbers: Home: ()	Cell: ()	rax: ()	
E-mail Address:			

(your email address WILL NOT BE SHARED)