

# REGISTRY APPLICATION

FEES REGISTRATION: under 1 yr. \$ 5  
over 1 yr. \$10  
TRANSFER . . . . . \$5

NAME \_\_\_\_\_ (required) TATTOO \_\_\_\_\_

SEX \_\_\_\_\_ TWIN \_\_\_\_\_ SEX OF OTHER TWIN \_\_\_\_\_  
(yes or no)

DATE OF BIRTH \_\_\_\_\_

SIRE \_\_\_\_\_ NUMBER \_\_\_\_\_

PATERNAL GRANDSIRE \_\_\_\_\_ NUMBER \_\_\_\_\_

PATERNAL GRANDDAM \_\_\_\_\_ NUMBER \_\_\_\_\_

DAM \_\_\_\_\_ NUMBER \_\_\_\_\_

MATERNAL GRANDSIRE \_\_\_\_\_ NUMBER \_\_\_\_\_

MATERNAL GRANDDAM \_\_\_\_\_ NUMBER \_\_\_\_\_

ARTIFICIAL SERVICE      ■      NATURAL SERVICE      ■

If artificial service, attach breeding receipt.  
If natural service, give dates between which bull had access to dam.

From \_\_\_\_\_ to \_\_\_\_\_

OWNER OF SIRE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER OF DAM NAME \_\_\_\_\_

AT TIME OF BREEDING ADDRESS \_\_\_\_\_

In making this application, I hereby subject myself to all the provisions of the Constitution, bylaws, and rules of registry of the American Milking Devon Association as they now exist or may from time to time be amended, knowledge of which I now have or will immediately acquire. I guarantee that all matters stated herein are true.

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_