

APPLICATION FOR REGISTRATION



PO BOX 1177 KINGSVILLE, TX 78364

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Member Name
UBB Member Number
Address
Location of ID Number
<input type="checkbox"/> BRAND <input type="checkbox"/> TATTOO

If registering and transferring at the same time, transfer to:
Name
UBB Member Number
Address
Date Sold

I hereby certify that the information given on this application is true and correct and the animals which are named for which application is made, have no physical characteristics that would disqualify them.

Member's Signature

Date

ANIMAL TO BE REGISTERED					SIRE			DAM			CALF PERFORMANCE DATA														
ID #	SEX	BIRTHDATE			NAME OF CALF (MAX OF 24 CHARACTERS INCLUDING SPACES)	H, P, or S	ID #	REGISTRATION NUMBER	BREED	N, AI, OR ET	ID #	REGISTRATION NUMBER	BREED	DAM'S UDDER SCORE	DAM'S TEAT SCORE	BIRTH WEIGHT	CALVING EASE	Weaning Weight	Weaning Height	DATE WEIGHED AND MEASURED			MGMT CODE	PASTURE CODE	SHEATH/NAVEL SCORE
		MO	DAY	YR																MO	DAY	YR			
1																									
2																									
3																									
4																									
5																									

All fields in grey are required for registration to be completed.

CORRECT PAYMENT AND COMPLETED WORK ORDER FORM MUST ACCOMPANY THIS APPLICATION | NEARING A DEADLINE? RUSH PROCESSING AVAILABLE FOR \$15, PLEASE INDICATE ON WORK ORDER FORM