APPLICATION FOR ENTRY
AMERICAN ANGUS HERD BOOK
American Angus Association, 3201 Frederick Avenue, Saint Joseph, Missouri 64506
(816) 383-5100 Fax: (816) 233-9703 www.angus.org

SEX ______ DATE CALVED _______ NAME OF ANIMAL

PLEASE PRINT (Limit name to 28 spaces, including spaces between words.)

Primary Identification Number: _____________________________ Select one: ☐ Ear Tattoo ☐ Freeze Brand ☐ Hot Brand ☐ 840 EID

Secondary Identification: only required if primary identification is 840 EID
Select one: ☐ Ear Tattoo ☐ Hot Brand ☐ Freeze Brand ☐ Parentage ☐ Visual Tag
ID Number: ____________________________

☐ Single ☐ Twin with Bull ☐ Twin with Cow ☐ Multiple Births
Is this animal the product of artificial insemination? ☐ YES or ☐ NO
Is this animal the result of an embryo transplant? ☐ YES or ☐ NO If yes, provide embryo removal date ____________
Is this animal the result of a split embryo? ☐ YES or ☐ NO
Is this animal the product of IVF (in vitro fertilization)? ☐ YES or ☐ NO

SIRE REGISTRATION No. ____________________________ DAM REGISTRATION No. ____________________________

First Owner ____________________________ Member Code ____________
Address ____________________________ City ____________________________ State _______ Zip _______

TRANSFER OF ABOVE REGISTRATION

I (We) hereby authorize transfer of registration on the records of the Association to:

Name ____________________________ Member Code ____________ Email ____________________________
Address ____________________________ City ____________________________ State _______ Zip _______
Sale Date ____________ If the seller is retaining an interest in the animal, check this box. ☐
Note: Checking this box will result in a multi-owned registration.
If the above animal is an open female (not bred) check this box. ☐ However, if above animal is a female, serviced prior
to date of sale, provide SERVICE BULL NO.

☐ ARTIFICIAL DATE OF SERVICE ____________ OR ☐ NATURAL. EXPOSED PERIOD ____________ to ____________

I certify that the above service conforms with the ownership provisions of Rule 501 governing artificial insemination, if applicable, as follows:

☐ immediate relative of owner of bull. ☐ full time employee of owner of bull.

SIGNATURE OF OWNER OF RECORD OF SERVICE BULL IF NOT SELLER OF FEMALE ____________________________ Member Code ____________

If above animal is female and sold with AI breeding privilege to seller’s bull, certify by checking the box. ☐

I (We) hereby certify that the above pedigree is correct; that this animal is eligible for registration under the rules of the Association; and that the ownership provisions of Rule 501 governing artificial insemination have been complied with, if applicable.

Authorized Personal Signature on Membership

X ____________________________ Member Code ____________________________
Address ____________________________ Member Code ____________________________
City ____________________________ State _______ Zip _______

REGISTRATION FEES EFFECTIVE APRIL 6, 2021

Birth to 4 months of age..........................................................$12
4 to 10 months of age..........................................................$14
10 to 12 months of age..........................................................$19
Over 12 months of age..........................................................$32
Embryo Calves..........................................................Regular registration fee plus $10 per calf.

TRANSFER FEES

Within 30 days from date of sale..............................................$5
30 to 60 days from date of sale..............................................$7
After 60 days from date of sale............................................$12

Revision 6.23.22