



# APPLICATION FOR REGISTRATION

15904 W. WARREN RD. — WARREN, IL 61087

Office use only:  
Assigned Registration Number :

**Breeder Name & Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner Name & Address if different from breeder: Date of transfer** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF ANIMAL** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

Keep to 25 characters or less

Required

Is this animal being registered as a...

**BULL** \_\_\_\_\_ (must have both registered parents)

**COW / HEIFER** \_\_\_\_\_ (must have at least one registered parent)

**STEER** \_\_\_\_\_ (same as registering bull without regard to markings)

**IS THIS REGISTRATION FOR A MISMARKED FEMALE**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

For instance, does she have any extra white on head, tail, feet or outside the mid girth area, another color besides red or black, no belt or a partial or incomplete belt?

**BIRTH WT.** \_\_\_\_\_

**205 ADJ WT:** \_\_\_\_\_

**365 ADJ WT.** \_\_\_\_\_

**HAIR COLOR: Black** \_\_\_\_\_

**Red** \_\_\_\_\_

**Other** \_\_\_\_\_

**SINGLE, TWIN OR MULTIPLE BIRTH:** \_\_\_\_\_

**If twin, SIBLING(S) GENDER:** \_\_\_\_\_

**PMT STATUS (If Known)** \_\_\_\_\_

**PASTURE BRED** \_\_\_\_\_

**AI BRED** \_\_\_\_\_

**EMBRYO TRANSPLANT** \_\_\_\_\_

**POLLED** \_\_\_\_\_

**SCURRED** \_\_\_\_\_

**HORNED** \_\_\_\_\_

**OCV # (CALFHOOD VACCINATION/STATE TAG — OPTIONAL)** \_\_\_\_\_

PERMANENT IDENTIFICATION - SPECIFIC FOR EACH ANIMAL REGISTERED - MUST BE COMPLETED TO REGISTER YOUR ANIMAL  
EAR OR BRISKET TAGS ARE NOT CONSIDERED PERMANENT

**TATTOO** \_\_\_\_\_

**LOCATION OF TATTOO** \_\_\_\_\_

**OR FREEZE OR HOT BRAND** \_\_\_\_\_

**LOCATION OF BRAND** \_\_\_\_\_

**HOLDING BRAND** \_\_\_\_\_ **LOCATION** \_\_\_\_\_ OPTIONAL = USED IN SOME STATES FOR THE RANCH BRAND — NOT A PERMANENT ID

**SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**SIRE OF APPLICANT:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**Sire's PMT Status:** \_\_\_\_\_ **SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

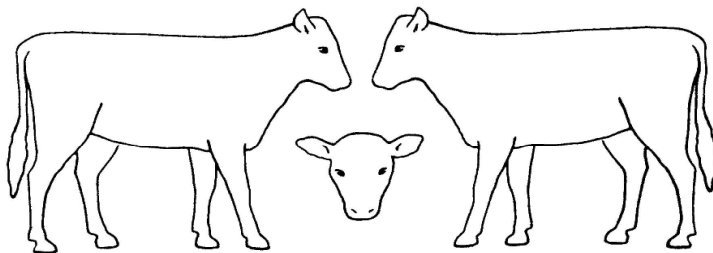
**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM OF APPLICANT:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**Dam's PMT Status:** \_\_\_\_\_ **SIRE:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_

**DAM:** \_\_\_\_\_ **BCS #** \_\_\_\_\_



(Outline belt and any other white areas.)

Under 15 Months of Age.....\$15.00  
Over 15 Months of Age.....\$25.00  
Transfer .....\$10.00

I HEREBY CERTIFY THAT THIS APPLICATION IS TRUE AND CORRECT AND I DESIRE TO HAVE THIS ANIMAL RECORDED IN THE HERD REGISTRY OF THE BUELINGO BEEF CATTLE SOCIETY.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_