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Form B - Single Registration Application (This form may be photocopied)
ET CALVES MUST BE PARENT VERIFIED THROUGH DNA TESTING TO QUALIFY FOR REGISTRATION

Applicant: _____
 Member Number **Herd Prefix** **Membership Name**

_____ **Dam Tattoo (Herd Prefix, Tattoo #, Yr. Code)** _____ **Dam Registration #/FC ID** _____ **Dam Herd ID/FC Breed** _____ **Dam Status**

_____ **Sire Name** _____ **Sire Registration Number** _____ **A.I. Date**

If Embryo Transplant: _____ **Recipient Tattoo** _____ **Recipient Cow Registration #** _____ **Recip Birth Year** _____ **Fresh Embryo** _____ **Date of Flush**
 _____ **Frozen Embryo** _____ **Date of Transplant**
 _____ **Recipient Breed Codes** _____ - _____

Calf Data:

[_____] [_____] [_____] _____
Herd Prefix **Tattoo #** **Yr. Letter** **Calf Herd ID** **Birth Date** **Birth Group** **Sex** **Type** **H/P/S** **Color**

_____ **Birth Weight** _____ **Calving Ease** _____ **Calf Name (25 positions, including spaces)**

Weaning Data: _____
 _____ **Weaning Date** _____ **Wean.Group** _____ **Foster/Creep** _____ **Wean. Weight** _____ **Wean Height** _____ **Disposition** _____ **Dam Wt. @ Wean** _____ **Dam Condition**

Yearling Data: _____
 _____ **Yearling Date** _____ **Year. Group** _____ **Yearling Weight** _____ **Year. Height** _____ **Year. Scrotal** _____ **Year. Pelvic Horizontal** _____ **Year. Pelvic Vertical**

REGISTER NOW? _____ (Y=Yes N=No)

Transfer To: _____
 Member Number **Name**

Return Paper to: _____
 _____ **Buyer** **Address**

_____ **Seller** **City** **State** **Zip Code**

Date of Delivery or Ownership for Buyer:

ANTIBIOTIC AND HORMONE FREE GUARANTEE
 (For designation at time of transfer for complete ownership period)
 The undersigned seller/owner guarantees that this animal has been raised from birth or maintained since the date of initial ownership without antibiotics and growth hormones.

 Producer Signature

I hereby certify and declare that the above is true and correct and I desire to have the same recorded in the North American Limousin Foundation record, in consideration of which I agree to abide and be bound by the by-laws, rules and regulations of the Foundation amendments thereto.

_____ **Applicant Signature**

_____ **Date**