AMERICAN CHIANINA ASSOCIATION



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APPLICATION FOR REGISTRATION

IF BREEDER IS SAME AS OWNER WRITE SAME		
	BREEDER (AT TIME OF BIRTH) ACA MEMBER NO.	
BREEDER (OWNER AND/OR LESSEE OF DAM ATTIME OF SERVICE) ACA MEMBER NO.	ADDRESS	
ADDRESS	CITY STATE ZIP	
CITY STATE ZIP	(AREA CODE) TELEPHONE NUMBER	
(AREA CODE) TELEPHONE NUMBER	SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE	
SIRE:	DAM:	
NAME	NAME	
ACA REGISTRATION NO. BREED % AGE	ACA REGISTRATION NO. BREED % AGE	
CIRCLE ONE: A.I. OR NATURAL BREEDING F UNREGISTERED PLEASE INDICATE % OF EACH BREED IF REGISTERED WITH ANOTHER ASSOCIATION. PLEASE GIVE REGISTRATION NO. AND/OR ATTACH PEDIGREE.	CIRCLE ONE: A.I. OR NATURAL BREEDING IF UNREGISTERED PLEASE INDICATE % OF EACH BREED IF REGISTERED WITH ANOTHER ASSOCIATION. PLEASE GIVE REGISTRATION NO. AND/OR ATTACH PEDIGREE.	
CALF:		
TATTOO: SEX: C = COW S = SCURRED	5 RED 6 RED & WHITE 7 BROWN 8 GRAY YEARLING DATA YEARLING DATA	
BIRTHDATE:/ SEX: C = COW		
SOLD TO: BIRTH WT GROUP #: D = CAESARIAN E = ABNORMAL PRESENTATION ADDRESS YEAR WT GROUP #;		
CITY STATE ZIP	EMBRYO TRANSPLANT & CLONE IF THIS CALF IS THE RESULT OF AN EMBRYO TRANSPLANT CHECK HERE	
(AREA CODE) TELEPHONE NO. IF THE FEMALE BEING TRANSFERRED IS SOLD OPEN PLEASE CHECK HERE: FOR FEMALE SOLD AS BRED PLEASE ENTER RECORD OF SERVICE HERE:		
BRED ON:// END:/ END:// ACA OFFICE USE ONLY		
ACA NO. OF SERVICE SIRE / NAME OF SERVICE SIRE (IF NOT REGISTERED WITH ACA PLEASE SPECIFY BREED)		
IF SERVICE SIRE IS NOT REGISTERED PLEASE SPECIFY BREED		
MAIL CERTIFICATE TO: BUYER ☐ or SELLER ☐		