



Belted Galloway Society Inc

APPLICATION FOR REGISTRATION

Fees are to be paid by VISA,* MasterCard* or by check or money order to

Belted Galloway Society

816-610-8001 bgs.registrar@gmail.com

*3% fee added for credit/debit card payments

MAIL TO:
 Belted Galloway Society
 PO Box 16
 Platte City MO 64079

All signatures must be in ink.
 ALL INFORMATION MUST BE FILLED IN, PRINTED IN INK OR TYPEWRITTEN.
 All animals must be properly tattooed BEFORE they can be registered.

TO AVOID UNNECESSARY DELAY, PLEASE CHECK THIS APPLICATION FOR ERRORS AND OMISSIONS BEFORE SUBMITTING IT.

Check if calf was produced as a result of: Artificial Insemination <input type="checkbox"/> Embryo Transplant <input type="checkbox"/>	Name: (limited to 35 characters including spaces, MUST begin with the Farm Name of the 1st Owner)
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Embryo Cert. No.	Leave Blank	Sex	Steers: Enter Date of Castration	Sex of Twin, if any
		Male <input type="checkbox"/> Female <input type="checkbox"/> Steer <input type="checkbox"/>	Month Day Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

Date of Birth	Tattoo (report all markings)	Other Identification (also check a box to the right)	Brand
Month Day Year	Right Ear Left Ear	Right Ear Left Ear Ear Tag <input type="checkbox"/> RFID Tag <input type="checkbox"/>	Location

COLOR	CHECK ALL APPLICABLE		
Black <input type="checkbox"/>	<input type="checkbox"/> Complete Belt	<input type="checkbox"/> Incomplete belt (M1)	<input type="checkbox"/> No belt (M2)
Dun <input type="checkbox"/>	<input type="checkbox"/> White hair (on or above the level of the dewclaw) (M3)	<input type="checkbox"/> White elsewhere on the body (M4)	
Red <input type="checkbox"/>	<input type="checkbox"/> White hair below the level of the dewclaw(s) (W)		

Name of Sire:	Reg. No.
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Name of Dam: (Unregistered dams must be solid colored or belted, polled and of beef type)	Breed or Cross-bred (Required if unregistered)	Reg. No.
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Name and address of breeder (registered owner or lessee of dam at time of conception of this calf):	Member No.
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Name and address of owner at birth (registered owner or lessee of dam at time she gave birth to this calf)	Member No.
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Name and address of importer	Member No.
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I declare that the information herein is to the best of my knowledge and belief true.	Signature of owner at birth or importer. <i>X</i>	Date on which importer purchased animal. Month Day Year
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PERFORMANCE RECORDS (OPTIONAL)	WEANING WEIGHT Lbs.	DATE WEIGHED	DATE OF BIRTH OF DAM	Calving Ease
BIRTH WEIGHT Lbs.	365 DAY WEIGHT Lbs.	DATE WEIGHED	Month Day Year	U - Unassisted <input type="checkbox"/> S - Surgical (Caesarean) <input type="checkbox"/> E - Easy Pull <input type="checkbox"/> M - Malpresentation <input type="checkbox"/> H - Hard Pull <input type="checkbox"/>

CERTIFICATE OF SERVICE (fill in below or attach service report unless service already recorded on dam's certificate). (whenever possible, attach A.I. Service Report)

I hereby declare that the herein named dam was served by the herein named sire on _____ Month | Day | Year Or the herein named dam was exposed to the herein named sire FROM _____ Month | Day | Year TO _____ Month | Day | Year

X _____ *X* _____
 Signature of owner of dam at time of service Signature of owner of sire at time of service Member No. _____