

APPLICATION FOR TRANSFER OF OWNERSHIP



BELTED GALLOWAY SOCIETY INC

PO BOX 16 Platte City MO 64079 816-610-8001 bgs.registrar@gmail.com

I/We do hereby certify that the animal named _____

Registration Number: _____

Check off location of Tattoo: Right Ear Left Ear Both Ears Tattooed.....

is legibly tattooed or otherwise identified as indicated on the attached certificate or application for registration, and has been sold or given to

Name.....Purchaser Member No. if known

Telephone # E-Mail

Address.....

Town/ City.....State.....Zip Code.....Country

and sold/given on _____ and delivered on _____



_____ Seller's Member No: _____

Seller or authorized representative sign here.

.....
Address of Seller

Town or City

State

Zip Code

IF A FEMALE, WHICH WAS BRED WHEN SOLD, COMPLETE THE FOLLOWING OR ATTACH COMPLETED AND SIGNED SERVICE CERTIFICATE. WHENEVER POSSIBLE, PLEASE ATTACH THE ARTIFICIAL INSEMINATION (A.I.) SERVICE REPORT FOR A.I. SERVICES.

CERTIFICATE OF SERVICE

(PLEASE REPORT ALL SERVICES)

I/We hereby declare that according to my/our private record, the animal named above was bred on _____ by _____ date

(check appropriate box)

SIRE.....REG. NO.....using A.I. hand breeding

AND/OR Exposed between the date _____ and _____ to _____ date date

SIRE.....REG. NO.....

Name of service sire



_____ Member No. _____

Owner of Service Sire or Owner of semen or authorized representative sign here.