Irish Black Cattle Association ➤➤ APPLICATION for CERTIFICATION/REGISTRATION

P.O. Box 7, Arlee, MT 59821 - Phone: (406) 696-5977 - ibcaoffice@montana.com Member #_____ Page: 1 of _____

DAM *Registration Number*	SIRE *Registration Number*	Herd Prefix	Calf ID/Tag #	Calf's Name (32 Spaces Max)	Service Type	DOB Mo/Day/Yr	Birth Wt.	I.D. Location	I.D. Type	% Blood	Color	Birth Type	Horn Status	Calf Sex

Definitions:

DAM - Dam's IBCA Registration Number or Breed if none
SIRE - Sire's IBCA Registration Number or Breed if none
HERD PREFIX - Assigned Herd Prefix of Owner at time of Calf's birth
CALF ID/Tag # **-** Calf's unique ID number in Owner's Herd
NAME - Calf's registered name (up to 32 spaces). If **ET** calf, last two characters must be **ET**
SERVICE TYPE - **P** = Pature, **AI** = Artificial Insemination, **ET** = Embryo Transplant
DOB - Date of calf's birth
BIRTH WT - Birth weight within 24 hours of calf's birth
ID LOCATION - **LE** = Left Ear, **RE** = Right Ear, **BE** = Both Ears, **LS** = Left Side, **RS** = Right Side
ID TYPE - **1** = Freeze Brand, **2** = Ink Tattoo, **3** = Hot Brand
% BLOOD - Quantify percentage of Irish Black/Red Blood; ie, 100, 50, 75, etc.
COLOR - **B** = BLACK, **R** = RED
BIRTH TYPE - **1** = Single, **2** = Twin, **3** = Triplets, **4** = Embryo Transplant
HORN STATUS - **H** = Horned, **P** = Polled, **S** = Scurred, **D** = Dehorned
SEX - **B** = Bull, **H** = Heifer, **S** = Steer

Owner Information:

Name _____
Member #_____
Address _____
City_____
State _____**Zip**_____
Telephone _____
Email_____

I hereby attest the information I am submitting here to be truthful, accurate, and verifiable based on properly maintained and verifiable cattle breeding records.

Sworn by: **X** _____

Date: _____ /_____ /_____