



TEXAS LONGHORN

Breeders Association of America

www.tlbaa.org

AI CERTIFICATION

To have a bull AI certified, you must submit the AI Certification and DNA Parent Verification Request Forms along with the proper fees to the TLBAA Office. Your health certificate should contain the following test results: tuberculosis, brucellosis, venereal trichomoniasis, vibriosis and leptospirosis (the TLBAA must have copies of all results). In addition, we recommend testing for the following: IBRIBVD/PI3, Leukemia, Blue Tongue and Johne's Disease.

Step 1 Return the following to the TLBAA office to begin AI Certification.

- AI Certification request form
- Request for DNA for Parent Verification form (Instructions in step 2). Parent Verification Forms can be found on the TLBAA website: www.tlbaa.org under the FORMS tab. (International breeders please select the International specific forms.)
- Payment of \$150.00 (AI Certification \$100 + DNA Parent Verification \$50)

Step 2 Parent Verification

- Order your testing supplies from order.igenity.com
- Submit a request for DNA for Parent Verification form to the TLBAA office.
- Once your order details are received, mail testing supplies as directed.

Step 3 The following work must be completed and sent to the TLBAA.

- Breeding soundness and health evaluation form
- Health certificate including disease test results
- Mail results to the TLBAA office for inclusion in the bull's file
- Photo suitable for publication in the Trails magazine

Upon receipt of all work required for certification, the bull will be presented to the Board of Directors for approval at the next scheduled meeting. If the animal is approved, you will receive an AI Certificate with the animal's assigned TLBAA AI number.



TEXAS LONGHORN

Breeders Association of America

www.tlbaa.org

REQUEST FOR ARTIFICIAL INSEMINATION CERTIFICATION

(Please type or print)

I hereby wish to AI certify _____ (Register Name of Bull) _____ (TLBAA No.)

_____ (Calving Date) _____ (Private Herd No.) _____ (Brand) _____ (Name of Breeder)

_____ (Name of Bull's Dam) _____ (Dam TLBAA No.) _____ (Name of Bull's Sire) _____ (Sire TLBAA No.)

(Name and Address of Ranch/ AI Station where Bull is Located)

I have observed no genetic defects in any progeny from this bull, and I will adhere to all the rules and regulations of the TLBAA concerning the collection, processing, storage, selling and distribution of semen.

Owner's Name and Address

(Owner's Signature)

(Date)

Payment of \$150.00 must accompany this form



TEXAS LONGHORN

Breeders Association of America

www.tlbaa.org

BREEDING SOUNDNESS AND HEALTH EVALUATION

(To be accompanied by a Health Certificate)

(Registered Name of Bull)

(TLBAA No.)

(Owner's Name)

(Owner's Address)

1. Physical Condition

- a. Body condition rating Thin Moderate Good Obese
- b. Penis / Prepuce Normal Abnormal
- c. Scrotum Good Fair Poor Circumference _____ cm
- d. Testicles / Spermatic Cord Normal Abnormal

2. Semen Quality

- a. Collection method EE AV Massage
- b. Response Protrusion Erection Ejaculation
- c. Motility Score Good Fair Poor
- d. Morphology _____ % Normal

3. Required Health Tests

- Tuberculosis Brucellosis Venereal Trichomoniasis
 Vibriosis Leptospirosis

4. Recommended Tests

- IBR/BVD/PI3 Leukemia Blue Tongue Johne's Disease

5. Overall Breeding Evaluation

- Very Good Good Fair Poor

Copies of results on all Required Health Tests must be submitted to the TLBAA Office.

Veterinarian's Signature

Date



REQUEST FOR PARENT VERIFICATION DNA TEST

If Animal is not registered, it MUST be recorded with the TLBAA Registration Office

Name: _____ Membership # _____
Address: _____
Phone: _____ Email: _____

Name and Registration Number of Animal Parentage Being Verified:

Name: _____ Registration # _____
Male: _____ Female: _____ Date of Birth: _____ Private Herd Number: _____
Color: _____

SNP STR Barcode ID: _____ Sample Type: Hair Blood Tissue Sample
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

SIRE(S) IN QUESTION

Sire #1

Name: _____ Registration # _____
 SNP STR Barcode ID: _____ Sample Type: Hair Blood Tissue Sample

Sire #2

Name: _____ Registration # _____
 SNP STR Barcode ID: _____ Sample Type: Hair Blood Tissue Sample
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

DAM(S) IN QUESTION

Dam #1

Name: _____ Registration # _____
 SNP STR Barcode ID: _____ Sample Type: Hair Blood Tissue Sample

Dam #2

Name: _____ Registration # _____
 SNP STR Barcode ID: _____ Sample Type: Hair Blood Tissue Sample
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

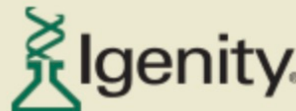
Return this form to:

TLBAA
PO BOX 4430
Fort Worth, TX 76164
OFFICE: (817) 625-6241
amelia@tlbaa.org or rick@tlbaa.org

\$4 FEE ON ALL HAIR SAMPLES

Testing Samples MUST be sent to Neogen with an ORDER NUMBER provided by the TLBAA Office. Samples sent in without an order number may not be identified properly and may result in increased wait time.

TEST SAMPLES MUST BE MAILED TO NEOGEN. DO NOT SEND TEST SAMPLES TO TLBAA.



ALL TESTING SAMPLE SUPPLIES MUST BE PURCHASED THROUGH WWW.IGENITY.COM