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OFFICE COPY

REGISTRATION APPLICATION

For Entry in the
 TEXAS LONGHORN BREEDERS
 ASSOCIATION OF AMERICA RECORD
 See Instructions on reverse side

FOR OFFICE USE ONLY
 Please Print in Ink or Type

1. CHECK APPROPRIATE SQUARE: a. COW b. BULL c. STEER
2. CALVING DATE: _____ / _____ / _____
 MO. DAY YR.
3. TYPE OF BIRTH a. NATURAL b. AI c. EMBRYO d. TWIN e. IN-HERD-AI f. IN-HERD-EMBRYO g. CLONE
- | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
4. NAME OF ANIMAL TO BE REGISTERED-NOT TO EXCEED TWENTY-FOUR CHARACTERS INCLUDING SPACES BETWEEN WORDS-DO NOT USE SYMBOLS
5. (a.) HOLDING BRAND: _____ (b.) LOCATION ON ANIMAL: _____ 6. (a.) P.H. NO. _____ (b.) LOCATION ON ANIMAL: _____
 (Private Herd Number)
7. _____

COLOR DESCRIPTION (DO NOT USE ABBREVIATION - DO NOT USE MORE THAN 18 WORDS) See item 7 reverse side.

8. a. _____
 NAME OF SIRE

b. _____ c. _____
 P.H. NO. SIRE TLBAA NO.

OWNER OF SIRE: MEMBERSHIP NO. _____

NAME

ADDRESS

CITY, STATE, ZIP

9. a. _____
 NAME OF DAM

b. _____ c. _____
 P.H. NO. DAM TLBAA NO.

OWNER OF DAM: MEMBERSHIP NO. _____
 (OWNER at time of service)

NAME

ADDRESS

CITY, STATE, ZIP

10. OWNER: MEMBERSHIP NO. _____

NAME (Name which is to appear as OWNER on Certificate of Registration)

ADDRESS

CITY, STATE, ZIP

11. APPLICANT: MEMBERSHIP NO. _____

*AUTHORIZED SIGNATURE OF APPLICANT (Person filing registration)

DATE OF APPLICATION _____

*I OR WE CERTIFY THE ABOVE IS A TRUE AND CORRECT STATEMENT AND I DESIRE TO HAVE SAME RECORDED IN THE TEXAS LONGHORN BREEDERS ASSOCIATION OF AMERICA REGISTRY. IN CONSIDERATION OR WHICH I AGREE TO ABIDE AND BE BOUND BY THE ARTICLES OF INCORPORATION BYLAWS AND RULES AND REGULATIONS OF THE ASSOCIATION AND AMENDMENTS THERETO.