

I am registering (check one) FULL-BLOOD ROMAGNOLA \_\_\_\_\_ COMPOSITE \_\_\_\_\_

**Breeder: (owner of Dam at time of Breeding)**

Name: \_\_\_\_\_

Ranch Name: \_\_\_\_\_

Address: \_\_\_\_\_

Member Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Ranch Name: \_\_\_\_\_

Address: \_\_\_\_\_

Member Number: \_\_\_\_\_ (If available)

Phone: \_\_\_\_\_

Sale Date: \_\_\_\_\_



American Romagnola Cattle Association  
PO Box 260  
Kearney, MO 64060  
Phone: 816-652-2220  
Email: [RomagnolaAssoc@gmail.com](mailto:RomagnolaAssoc@gmail.com)  
[www.romagnola.net](http://www.romagnola.net)

I certify that the information provided is true and correct and I desire the same to be recorded in the herd book of the American Romagnola Cattle Association. I recognize that providing accurate weights and dates is crucial to the development and maintenance of accurate genetic predictions. I agree to abide by the Bylaws, Rules and Regulations of the ARCA.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Calf Information**

Calf Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

**Permanent ID: (circle one)**

Tattoo / Freeze Brand / Hot Brand

Permanent ID Number: \_\_\_\_\_

Permanent ID Location: \_\_\_\_\_

**Pedigree Information**

Breeding and Calving Information

Sire Name: \_\_\_\_\_

Sire Reg #: \_\_\_\_\_

Dam Name: \_\_\_\_\_

Dam Reg #: \_\_\_\_\_

*\*please be sure to include proper documentation for AI sires or donor dams.*

**Breeding & Calving Information**

Breeding Type: AI \_\_\_\_\_ Natural Service \_\_\_\_\_

**Calving Ease Code**

No Assistance \_\_\_\_\_

Some Assistance \_\_\_\_\_

Difficult \_\_\_\_\_

Surgery \_\_\_\_\_

Abnormal \_\_\_\_\_

**Type of Birth**

Single \_\_\_\_\_

Twin \_\_\_\_\_

Triplet \_\_\_\_\_

Embryo Tranfer \_\_\_\_\_

**Calf Management Information**

Feed Type: Creep \_\_\_\_\_ Hay \_\_\_\_\_ Pasture \_\_\_\_\_ Hay/Pasture \_\_\_\_\_

Weaning Weight \_\_\_\_\_ Weaning Date \_\_\_\_\_ Yearling Weight \_\_\_\_\_ Yearling Date \_\_\_\_\_

Horn/Poll: Horned \_\_\_\_\_ Polled \_\_\_\_\_ Scurred \_\_\_\_\_ Dehorned \_\_\_\_\_

Homozygous Black: Yes \_\_\_\_\_ No \_\_\_\_\_ Gender: Bull \_\_\_\_\_ Steer \_\_\_\_\_ Female \_\_\_\_\_

**\*Neogen Sample Barcode (required):** \_\_\_\_\_

**I chose to submit:**

- ☐ **Hair Sample (additional \$6.00)**
- ☐ **Blood Sample**
- ☐ **Tissue Sample**