

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
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.

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 _____

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 _____

***Neogen Sample Barcode (required):** _____

I chose to submit:

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