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 128
Hydro, OK 73048
Phone: 580-713-3653
Email: usromagnola@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.*

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**

I am registering *(check one)* **FULL-BLOOD ROMAGNOLA**_____ **COMPOSITE**_____

Breeder: (owner of Dam at time of Breeding)

Name:_____

Ranch Name: _____

Address: _____

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Member Number:_____

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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

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Twin _____

Triplet _____

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Breeder: (owner of Dam at time of Breeding)

Name:_____

Ranch Name: _____

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_____

Member Number:_____

Phone:_____

Transfer to: _____

Ranch Name: _____

Address: _____

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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**

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Breeder: (owner of Dam at time of Breeding)

Name:_____

Ranch Name: _____

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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 #: _____

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Breeding & Calving Information

Breeding Type: AI____ Natural Service____

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- ☐ **Blood Sample**
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