



Registration Application

American Lineback Cattle Registry Inc

P.O. Box 118, Butler, MO 64730
(816) 738-4179 - Fax (660) 200-7211

FOR OFFICE USE ONLY

Registration No: _____

Date: _____

Name: _____

Name Choice - Please limit your choice to 30 characters or less including prefix and suffix (ET, TW or CL)

If this animal is registered in another Registry, enter name of Registry: _____

Registration number : _____

Date of Birth: _____ Year Letter: _____ Calving Ease: Code _____ aAa Code: _____

Birth Was: -Single -Twin to Cow -Twin to Bull -Embryo Transplant If Embryo Transplant box is checked include Embryo Transplant Form with application

Sex of Animal: _____ Color: _____ Horn Status: _____
(Cow | Bull | Steer) (Horned | Polled | Scurred | De-Horned)

Tattoo: Left Ear: _____ Right ear: _____ Herd ID Tag No.: Left Ear: _____ Right Ear: _____ Tag Color: _____

RFID / EID No.: _____ State Metal Tag No.: _____

Brand: _____ Location of Brand: _____ Other ID: _____

Lineback Type: -White Classic Witrick -Dark Sided Witrick -Dark Speckled Witrick -Gloucester -Unmarked Lineback
If animal falls somewhere in between these types, select the type that most closely resembles your animal. Please note any unusual markings.

White Line: _____ Socks: _____ Garters: _____

Narrow (3-4"), Normal (4-5"), Wide (to hip or shoulder bones), None Socks & Garters: LF - Left Front, RF - Right Front, LR - Left Rear, RR - Right Rear, None

Please include 2 clear photos of each side of the animal being registered. Animal must be standing clearly showing side and legs. These photos will be printed on registration papers, showing the actual identity of the animal. One of the photos must show the face.

We recommend that Digital Photos be emailed. Please email to: ALDCR@dairycattleregistry.com (identify the animal in the photos)

Parentage: If sire or dam is not registered, other ID must be used for identification - (RFID / EID or State Metal Tag No. is recommended).

Sire: _____
Name Registration No. Herd or Semen Code No. Breed Association

Dam: _____
Name Registration No. Herd No. Breed Association

Dams Breeding Record:

If animal is result of Artificial Insemination - attach all breeding receipts or report date of service: _____

If animal is result of Natural Service please provide the dates which sire listed had access to dam:

From date: _____ to _____

Owner of Dam at time of Breeding:

Owner Name: _____ Member No.: _____

Address: _____ City,State,Zip _____

Owner of Dam at time of Calving:

Owner Name: _____ Member No.: _____

Address: _____ City,State,Zip _____

As recorded owner or authorized agent of the Dam of this animal at time of birth, (I / we) hereby certify that all information on this registration application is true and correct to the best of my knowledge, and that the ALCR Registry shall have the privilege to correct and/or cancel this application under the Rules and Regulations of the Registry. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the American Lineback Cattle Registry Inc.

Owner/Agent Signature: _____ Member No: _____

Address: _____ Printed Name: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Phone Numbers: Home_(_____) _____ Cell_(_____) _____ Fax_(_____) _____

E-mail Address: _____

(Your e-mail address WILL NOT BE SHARED)