

APPLICATION FOR TRANSFER

I hereby authorize transfer of ownership on the records of the association of this animal.

| |
|---------------------|
| For Office Use Only |
|---------------------|

SOLD TO: _____ DATE OF SALE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BUYER'S MEMBER NUMBER: _____

IF CO-OWNED, LIST ALL OWNERS:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IF THIS IS A FEMALE SOLD OPEN, CHECK HERE:

| | | | | | |
|---|----------------------------------|-------------------------------------|--|--|-------|
| IN CASE OF FEMALE SERVED PRIOR TO CHANGE OF OWNERSHIP, THE SERVICE MUST BE GIVEN. | | | | | |
| CHECK ONE: | <input type="checkbox"/> Natural | <input type="checkbox"/> Artificial | <input type="checkbox"/> Embryo Transfer | <input type="checkbox"/> Multiple Sires (List registration numbers of sires exposed) | |
| SERVED BY: | _____ | REG #: | _____ | DATE BRED: | _____ |
| IF PASTURE EXPOSED: FROM: | _____ | THROUGH: | _____ | | |
| | MONTH/DATE/YEAR | | MONTH/DATE/YEAR | | |

| | | | | | |
|--|-------|------------------------|--------------------------------|--------------------|-------|
| IF SOLD WITH CALF AT SIDE - SUBMIT CALF INFORMATION: | | | | | |
| LE TATOO: | _____ | RE TATOO: | _____ | SIRE'S REG NUMBER: | _____ |
| CALF NAME: | _____ | TYPE MATING: | (circle one) NATURAL / AI / ET | | |
| CALF'S DATE OF BIRTH: | _____ | SEX: | _____ | COLOR: | _____ |
| CALF'S NUMBER BRAND: | _____ | CALF'S HOLDING BRAND : | _____ | | |

SIGNED: _____ MEMBER #: _____
OWNER OF ANIMAL TO BE TRANSFERRED

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

RETURN WITH PROPER FEE TO:
North American Corriente Association
P.O. Box 6
Chamberlain, SD 57325