

AMERICAN BEEFALO ASSOCIATION **APPLICATION FOR TRANSFER**

MEMBER RATE: \$20 NON MEMBER RATE: \$30

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ANIMALS NAME:_____

REGISTRATION #_____DATE OF BIRTH:_____

I (we) hereby authorize the transfer of this Certificate of Registration from my (our) member record files:

NAME:

ADDRESS:

CITY, STATE, AND ZIP:_____ DATE OF SALE:_____ PHONE:_____

SIGNATURE OF TRANSFEROR:

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To the record files of:

NAME:

PHONE:

ADDRESS:

CITY, STATE, ZIP:

SEND PAPERS TO: NEW OWNER SELLER(copy only)

If animal being transferred is a female, supply the following information: Female sold open: YES NO

| | - | | | - | | | | |
|--------------|-------|-------|---------|-------------|----------------|------|-------------|--|
| IF FEMALE IS | | FIRST | SERVICE | | SECOND SERVICE | | | |
| BRED PRIOR | MONTH | DAY | YEAR | BULL REG. # | DAY | YEAR | BULL REG. # | |
| TO SALE | | | | | | | | |

PASTURE EXPOSURE DATE

| IF FEMALE IS | | | | ТО | | | |
|-----------------------|-------|-----|------|-------|-----|------|-------------|
| BRED PRIOR TO SALE | MONTH | DAY | YEAR | MONTH | DAY | YEAR | BULL REG. # |
| TO SALE | | | | | | | |

Make checks payable to: ABA or American Beefalo Association Please Return to: American Beefalo Association

14481 Millersburg Rd. SW, Navarre, OH 44662