



U.S. Normande Organization

# Registration Application

## U.S. Normande Organization

PO Box 50058 • Billings, Montana 59105  
USNormande.org • USNO.office@gmail.com • 406-591-6568

for office use only

Date: \_\_\_\_\_

Reg No: \_\_\_\_\_

Memb No: \_\_\_\_\_

If this animal is registered with another Registry, enter Registry name: \_\_\_\_\_

submit a copy of its registration certificate(s) with this application

Registration number: \_\_\_\_\_

Name: \_\_\_\_\_

name - please limit your choice to 30 characters or less including breeder prefix and suffix (ET, TW)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Letter: \_\_\_\_ Sex: M F Calving Ease: Code \_\_\_\_ Birth Weight: \_\_\_\_

(steer / bull)

Birth Was:  Single  Twin to heifer  Twin to bull  Embryo Transplant

if Embryo Transplant box is checked, please submit Embryo Transplant Form with application

Coat Color: \_\_\_\_\_ Eye Pigment: left- right- Horn Status: \_\_\_\_\_

(blonde) (brindle) (mahogany) (quail) (other: describe)

(horned / dehorned | polled | scurred)

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

RFID / EID No.: \_\_\_\_\_ State Metal Tag No.: \_\_\_\_\_ FS: \_\_\_\_\_

(0000) - (10)

Brand: \_\_\_\_\_ Location of Brand: \_\_\_\_\_ Where was this animal born?: \_\_\_\_\_

DNA Tests: Submit DNA Lab report with this application. Kappa Casein \_\_\_\_ Beta Casein \_\_\_\_ Beta Lactoglobulin \_\_\_\_ A2 Status \_\_\_\_

PHOTOS: Submit 2 or more clear photos of left & right side view of the animal being registered. Animal must be clean, dry, standing up & showing all markings including legs & feet. One photo must also show the face. Email digital photos to the office, and include identity of the owner and each animal with each email. Photo(s) will be printed on Registration Certificate.

Parentage: Submit copy of registration certs of both. If sire or dam is not registered, include a photo and all other known identification information.

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 \_\_\_\_\_ from date: \_\_\_\_\_ to \_\_\_\_\_

### Breeder; Owner of Dam at time of Breeding:

Ranch, Owner & Prefix: \_\_\_\_\_ Member No.: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Owner of Animal:

Ranch, Owner & Prefix: \_\_\_\_\_ 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 U.S. Normande Organization shall have the privilege to correct and/or cancel application under the Rules and Regulations of the Organization. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the U.S. Normande Organization.

Owner/ Agent Signature: \_\_\_\_\_ Member No.: \_\_\_\_\_

Address: \_\_\_\_\_ Printed Name: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Phone Numbers: cell: \_\_\_\_\_ home: \_\_\_\_\_ barn: \_\_\_\_\_

Email, Website: \_\_\_\_\_

(USNO will not share your contact information)