Important
1. Type or Print Legibly
2. Check your application for errors
3. Proper fees must accompany all work

Member #_____

Student Member #_____

Junior Member #_____

Herd Code_____
**Must be tattooed in the animal's ear*

National Murray Grey Registry
REGISTRATION APPLICATION

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

BREEDER *(Owner of Dam at Time of Mating)*_____

ADDRESS
ST. OR RT._____

CITY_____ST_____ZIP_____

OWNER *(Owner of Dam at Time of Birth)*_____

ADDRESS
ST. OR RT._____

CITY_____ST_____ZIP_____

Leave Blank For Office Use Only	1 Sex	2 Mark here if %	3 Breeder / Name of Animal	4 Permanent Animal ID	5 ID Location	6 Breeding Type Nat, AI, ET	7 Birth Type	8 Birthdate	9 Color	10 Calving Ease	11 Actual Birth Weight	12 Adjusted 205 day Weaning Wt.	13 - Sire Registration Number	13 - Sire Name of Animal and Permanent Animal ID	14 - Dam Registration Number	14 - Dam Name of Animal and Permanent Animal ID
Sample	F		Soye Farms Lucy	82X	LE	Nat	TW	2-27-87	S	2	65	605	24365	Carl 62T	33745	Suzzie

ATTENTION
- Please sign as Cow or Bull Owner or Both
- Please Check Work for Accuracy
- After Completion, Please Keep a Copy of this Form in Your File

Help with Columns Above:
Sex: either Male=M or Female=F
Permanent Animal ID: include Calf Herd Number and Code Letter for Year of Birth
ID Location: LE=Left Ear, RE=Right Ear
Breeding Type: Nat=Natural Birth, AI=Artificial Insemination, ET=Embryo Transfer
Birth Type: S=Single, TW=Twin, Trip=Triplet
Color: S=Silver, N=Dun, D=Dark Grey, B=Black
Calving Ease: 1=Unassisted, 2=Easy hand pull, 3=Hard or Mechanical pull, 4=Caesarean, 5=Abnormal Presentation

DATE_____

DAYTIME PHONE_____

EVENING PHONE_____

FAX NUMBER_____

E-MAIL_____

SIGNATURE OF OWNER OF COW *(time of caving)*_____

SIGNATURE OF OWNER OF BULL *(time of mating)*

Applications completed by partnership must also b

Signa

Updated 9-17-14 ***"The information here is cor***