



REGISTRATION WORKSHEET

Member #	Date:
Name:	
Address:	

ATA 520 Francis Street, Suite 500B, St. Joseph, MO 64501
 816-652-2220 AmericanTarentaiseAssociation@gmail.com

* = Required Info		CALF INFO					
* Dam Reg #	* Sire Reg #	* Calf LE	* Calf RE	* Calf DOB	* Calf Name		
Dam Tag/Tattoo #		* Sex	* BWT	BWT Grp	Calf Disposal	Herd ID	
		* Twin Code	* Mating	* Color	* HPS	* CE	* Reg./ Comp
Dam Wt Dam Ht	Dam BCS	* Wean Date	* Wean Wt	* Feed Code	* Weaning Sex	Wean Grp	
Yearling Date	Yearling Wt Fat	Hip Date	Hip Ht	Scrotal Date	Scrotal	Pelvic Date	Pel Ht Width
Transfer On Entry		Name:				Member #	
Date of Sale:		Address:					

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Dam Tag/Tattoo #		* Sex	* BWT	BWT Grp	Calf Disposal	Herd ID	
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Dam Wt Dam Ht	Dam BCS	* Wean Date	* Wean Wt	* Feed Code	* Weaning Sex	Wean Grp	
Yearling Date	Yearling Wt Fat	Hip Date	Hip Ht	Scrotal Date	Scrotal	Pelvic Date	Pel Ht Width
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Dam Wt Dam Ht	Dam BCS	* Wean Date	* Wean Wt	* Feed Code	* Weaning Sex	Wean Grp	
Yearling Date	Yearling Wt Fat	Hip Date	Hip Ht	Scrotal Date	Scrotal	Pelvic Date	Pel Ht Width
Transfer On Entry		Name:				Member #	
Date of Sale:		Address:					