



NEW ZEALAND MILKING SHORTHORN ASSN (INC)

595 Ruakura Rd, R D 6, Hamilton 3286
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REGISTRATION APPLICATION

Name: Ptp Code:
Address: Herd Code:
..... Phone:

- 1. Turn Your Herd On**
Please register all female animals in my herd eligible for inclusion in the NZ Milking Shorthorn Herd Book.
- 2. Age Group Application**
Please register all female animals in my herd eligible for inclusion in the NZ Milking Shorthorn Herd Book for the following birth years:
- 3. Individual Animal Application**
Please register the animals listed overleaf into the NZ Milking Shorthorn Herd Book.
- Please send me an application form for a standing order to register all calves annually.**

Member Criteria please complete for Sections 1 & 2 only

Minimum breed requirement (may be S1 - S16)
(Please note if this is not completed, the criteria will default to S8)

Animals to be excluded (please list the lifetime ID of any animals NOT to be registered, if you need additional space please record ID's on a separate sheet clearly marked "exclusions")

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MALES

Please register the following male animals:
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MEMBER DECLARATION

I, being the owner, hereby declare that, to the best of my knowledge and belief, the above pedigrees are correct and I make this declaration having taken all available means to satisfy myself that they are correct and that they comply with the bylaws printed in the Associations "CONDITIONS OF ENTRY".

Owners Signature: Date:

