

K.G.B.A. BREEDING MEMORANDUM

Name of Doe _____ K.G.B.A. Reg. # _____

Generation _____ Tattoo number: Right _____ Left _____ Birthdate _____

Color description _____

Owner of doe _____ K.G.B.A. Mem. # _____

Address _____ City _____ State _____ Zip _____

Name of buck _____ K.G.B.A. Reg. # _____

Generation _____ Tattoo number: Right _____ Left _____ Birthdate _____

Color description _____

Owner of buck _____ K.G.B.A. Mem. # _____

Address _____ City _____ State _____ Zip _____

Date of service _____ to _____ Signature of owner of buck _____

* at time of service

Return this form to: K.G.B.A., P.O. Box 4, Miami, MO 65344

There is no fee for this transaction

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Generation _____ Tattoo number: Right _____ Left _____ Birthdate _____

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Owner of doe _____ K.G.B.A. Mem. # _____

Address _____ City _____ State _____ Zip _____

Name of buck _____ K.G.B.A. Reg. # _____

Generation _____ Tattoo number: Right _____ Left _____ Birthdate _____

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