

FOR OFFICE USE ONLY**APPLICATION FOR REGISTRATION****Reg. No.**

Date _____

Breeding: Live ___ AI ___ Microchip Number _____

Goats full name including herd name

Sex: Buck Doe Wether
____ _

Date of birth

Number in birth

Generation

Tattoo Number

Horned

Disbudded

Doe ___ Buck ___

R ___ L ___

Color & description

Breeder's Name _____

Address _____ (City) _____ (State) _____ (Zip) _____

Member Number _____

Sire (full registered name) _____ Reg.# _____

*Owner's Name _____

Breeder Name _____

Dam (full registered name) _____ Reg. # _____

*Owner's Name _____

Breeder's Name _____

Born property of _____ Member Number _____

Owner's Name _____

Address _____ (City) _____ (State) _____ (Zip) _____

*I certify that all information herein is accurate to the best of my knowledge**Signature of owner (at time of birth)**Please complete all items and send with check payable to:*

K.G.B.A. · P.O. Box 4, Miami MO 65344

*Two Photos at least 2" x 2" sharp and clear showing markings of right and left side of the animal. Images should fill the picture and head should be straight to show head profile.** *At time of breeding*

