

INTERNATIONAL SALORN ASSOCIATION

PO BOX 295 • ELMENDORF, TX 78112 • 210-635-7819

TRANSFER AT TIME OF REGISTRATION

DATE OF SALE: _____ I (WE) AUTHORIZE TRANSFER OF THIS ANIMAL TO:

NAME _____ ISA MEMBERSHIP No _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

BREEDING INFORMATION: (CHECK APPROPRIATE BOX)

SERVED BY _____ ISA REG. No. _____
(SIRE'S REGISTERED NAME)

PASTURE EXPOSED DATES _____ To _____

AI DATE _____ ET DATE _____

SERVED BY _____ ISA REG. No. _____
(SIRE'S REGISTERED NAME)

PASTURE EXPOSED DATES _____ To _____

AI DATE _____ ET DATE _____

SERVED BY _____ ISA REG. No. _____
(SIRE'S REGISTERED NAME)

PASTURE EXPOSED DATES _____ To _____

AI DATE _____ ET DATE _____

I (WE) CERTIFY THAT I (WE) OWNED THE BULL(S) LISTED ABOVE AT THE TIME OF SERVICE AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF SELLER: _____ ISA MEMBER No. _____

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APPLICATION FOR REGISTRATION OF INDIVIDUAL ANIMAL

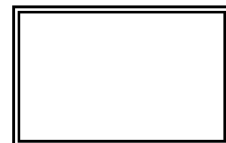
NAME OF ANIMAL (25 MAX SPACES & LETTERS)		TATTOO R E	TATTOO L E	DATE OF BIRTH
SEX	ID NUMBER	ID NO. LOCATION	COLOR	PERCENT SALORN: 1 ST CROSS, 2 ND CROSS, 1 ST GEN, PB
BRAND LOCATION	BRAND	OCV NUMBER	HORNS	SERVICE: N AI ET
BIRTH WEIGHT	WEAN WEIGHT	WEAN WT. DATE	YEARLING WT. DATE	YEARLING WT DATE
NAME OF SIRE			SIRE REGISTRATION NO.	
NAME OF DAM			DAM REGISTRATION NO.	

I (WE) APPLY FOR REGISTRATION OF THIS ANIMAL AND CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

BREEDER: _____ ISA MEM No _____

SIGNED: _____ DATE: _____

DATE ENTERED IN REGISTRY _____ CERTIFICATE NUMBER



IF ANIMAL IS BEING TRANSFERRED AT TIME OF REGISTRATION, COMPLETE ISA TRANSFER AT REGISTRATION FORM ON THE REVERSE SIDE OF THIS FORM . SEND WITH CHECK AND TRANSMITTAL WORKSHEET TO:

ISA, PO BOX 295, ELMENDORF, TX 78112.