

**International Miniature
Zebu**

Association, Inc.
P.O. Box 66
Crawford, NE 69339
308-665-3919
Fax:308-665-3919
(Call ahead to Fax)

Registration Application

(Please Print or Type)



Office Use Only

Date Recd. _____
Fee Paid _____
Receipt No. _____
By _____

1. Bull 2. Foundation Pure 3. Natural Embryo (E)
 Cow Native Pure A.I. (AI) Twin
 Steer Single

FOR OFFICE USE ONLY	
REG. NO. ASSIGNED	DATE REGISTERED

4. _____
Month Calved Day Year

5. _____
Name of Animal To Be Registered (not more than 24 spaces)

6. _____
Height at Withers Age When Measured

7a. _____
Private Herd Number You Have Assigned this Animal

7b. _____
IMZA Birth Number

7c. _____
Identification (Tattoo, Tag, Chip, Etc..)

8. _____
Date of Ownership

9. _____
Date Owner took Possession

Breeder

9. _____
Name

Address, City, State, Zip

Phone Number

Signature of Breeder

Owner

10. _____
Name

Address, City, State, Zip

Phone Number

Signature of Owner

**Please Attach Birth Certificate for Pedigree Information
and Current Photo and Current Height (#6) of Animal.**

I or we certify the above is a true and correct statement and I desire to have same recorded in the International Miniature Zebu Association. In consideration of which I agree to abide and be bound by the articles of incorporation, By-laws and Rules and Regulations of the Association and amendments thereto.