APPLICATION FOR REGISTRATION ----- Experimental/AMERICAN/Purebred

Main office: P O Box 1534, Woodland, WA 98674 Phone: 360-225-1938

Miniature Dairy Goat Association

BREED:_____EX:____AM:_____Pure:_____

This animal conforms to breed standard: _____Yes ____No___

Date of Birth:_____ Sex:_____ Number in birth:_____Male_____Female:_____

Tattoo: Ear: right:_____Left:_____Tail: right:_____left:_____center:_____Micro:_____

Name: limited to 35 letters including herd name.

Sire:_____Generation:___Reg. No:_____

Owner:_____Was this animal leased; Yes, No

Dam:_____Generation:_____Reg. No:_____

Ownerer:_____Address:_____

Owner of Doe at time bred:_____

Was this animal leased: Yes , No

Description:_____

Horns: circle one: Disbudded Polled Horns/Scurs **Ears**: circle one: Pendulous 2/3 drop Airplane Elf Gopher Erect

Sold to:_____**Date sold**:_____

Buyers address:_____City:_____State:_____Zip:_____

Signature of seller:_____

(serves as bill of sale)

This animal was born on the property of: (to determine which tattoo animal should have):

_____

Important: Send application along with **pictures** showing **full side of body, head on of face, & profile of head**

Can be emailed to registrar@miniaturedairygoats.net – put note with paperwork if mailing stating pix were emailed.