

AMERICAN MINIATURE ZEBU ASSOCIATION



www.amzaonline.org

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Phone: 352.391.0977 registrar@amzaonline.org

Semen Donor / A.I. Sire

Please Print Clearly

Sire: _____ AMZA # _____

(Including Herd Name)

Owner of Sire: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ Phone(s): _____

Collection Facility & Location: _____

Name of Technician or Veterinarian: _____ Phone: _____

Storage Facility & Location: _____

Number of straws provided: _____ NOTES: _____

Dam: _____ AMZA # _____

(Including Herd Name)

Owner of Dam _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ Phone(s): _____

A.I. Service Date(s) ___/___/___ - ___/___/___ - ___/___/___ # of straws used per cow _____

Please read and sign: I/we certify the above is a true and correct statement/representation. I/we desire to have the same recorded in the American Miniature Zebu Association registry. I/we understand that by knowingly falsifying any above information will result in the disqualification of this Zebu. I/we also understand that membership with AMZA will be revoked. There will be no refunds made for neither registrations nor membership.

Printed Name(s) _____

Signature(s) _____

Date _____