



# American Milking Shorthorn Society

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## Enrollment Form for NAAB Listing

Full Registration Name of Bull: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Short Name (Optional): \_\_\_\_\_

NAAB Code (received from Collection Company): \_\_\_\_\_

Release Date of Semen: \_\_\_\_\_ (date of first made available for sale or use privately)

Country of Dam: \_\_\_\_\_

The undersigned hereby certifies that he/she is the owner or the duly authorized agent of the above-referenced bull and that all information contained herein is correct to the best of his/her knowledge. The undersigned further requests that the American Milking Shorthorn Society enroll said bull with NAAB in their Cross Reference Database and authorizes AMSS to act as "Controller" for the purposes of status changes.

Owner/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_