**Individual Animal Registry (IAR) Registration Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ranch/ Company/Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HERD PREFIX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Information: All animal information reported by the undersigned is accurate and may be verified by the NBA/NABR review.

**Permanent ID**: ( USDA: Existing or Provided by NBA) **Floppy Tag**: (Visible ID: i.e. Ear tag, brand) **Age** (MM/DD/YYYY) Sex (M/F) **Color** (Black/Brown/White/Other)

**Type** (Woods/ Plains/ Blend/ Unknown) **Sire** (IAR Name & ~~#~~ Registration Number) **Dam** (IAR Name & ~~#~~ Registration Number)

Optional Animal Information: Reporting this data is solely for the purpose of recorded animal information

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| Registration Name | Permanent ID | FloppyTag | Birth Date | Sex | Color | Type | Sire*(if known*) | Dam(*if known*) | Wean Wt.(*optional*) | Yearling Wt. (*optional*) | 24 Month Wt. (*optional)* | Mature Wt.*(optional)* |
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All NABR DC participants allow their animal registrations to be archived and published by the National Bison Association and the North American Bison Registry. Animal information may be viewed by any and all eligible NBA members at any time. Please view the NABR bylaws for more information.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_