

**Application for**

**Registration**

**Breeder’s Information**

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| Breeder’s Name: |  |
| Membership Number: |  |
| Prefix: |  |
| Address: |  |
| State and Postcode: |  |

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| **Animal to be Registered** |  |
| Name Including Prefix: |  |
| Date of Birth: |  |
| Sex: |  □ Male □ Female □ Wether |
| Litter Size: |  □ Single □ Twin □ Triplet □ Quadruplet  |
| Eye Colour: |  □ Brown □ Blue □ Partial Blue |
| Horns: |  □ Horns □ Disbudded □ Polled |
| Wattles:  |  □ Yes □ No  |
| Coat Colour: |  |
| Birth Height: |  |
| Breed: | □ Australian Miniature Goat □ Southdown Babydoll□ Australian Silky □ Harlequin Mini Meat Sheep□ Miniature Anglo Nubian □ Persian□ Elf Goat□ Nigerian Dwarf□ Pygmy□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NLIS Tag/Tattoo Details:(Colour, PIC, Individual No) |   |
| **Sire’s Information** |  |
| Sire’s Name Including Prefix: |  |
| Sire’s Registration Number: |  |
| NLIS Tag/Tattoo Details:(Colour, PIC, Individual No) |  |
| Additional Information if Sire is not registered. Name, Date of Birth & Breed: | *If registered with another Organisation please include a copy of Pedigree.* |
| **Dam’s Information** |  |
| Dam’s Name Including Prefix: |  |
| Dam’s Registration Number: |  |
| NLIS Tag/Tattoo Details:(Colour, PIC, Individual No) |  |
| Additional Information if Dam is not registered. Name, Date of Birth & Breed: | *If registered with another Organisation please include a copy of Pedigree.* |
| **If Animal is being transferred:****Details of New Owner**  |  |
| New Owner’s Name: |  |
| Membership No: |  |
| Prefix: |  |
| Address: |  |
| State and Postcode: |  |

**Lodgement & Payment Details**

*The information provide on this form is true and correct to the best of my knowledge.*

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

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| **Registration Fees** |  |
| 1 to 4 Registrations | $5.50 each |
| 5 or More  | $4.00 each |

*Please return this form with a Cheque/Money Order/Direct Deposit for the appropriate amount to:*

|  |  |
| --- | --- |
| **Post** | AABMGS Inc.Registrar1165 Brightview RoadBrightviewQLD 4311 |
| **Email** | myaora@outlook.com |

**Or Direct Deposit**

|  |  |
| --- | --- |
| Account Name  | AABMGS |
| Account Number | 74 005 9147 |
| BSB  | 084-657 |