

REGISTRATION FORM

Date:	_____
Optional Premise ID:	_____
Herd ID:	_____

Name: _____

Phone: _____ **Cell:** _____

Address: _____

City/St/Zip: _____ **Sec/Twnshp/Range:** _____

GPS Locations (if available): _____

Example:



ND Brand #: _____ **Brand Description:** _____

<p>Are you a current CHAPS user? <u>yes / no</u></p> <p>Do you have a current Calf Book? <u>yes / no</u></p> <p>Do you record individual calf birthdates? <u>yes / no</u></p> <p>Do you retain ownership? <u>yes / no</u></p> <p>Bull turn out date (MM DD YYYY): _____</p> <p>Calving Date (MM DD YYYY): Beginning _____</p> <p style="padding-left: 150px;">Ending _____</p> <p>Total Number of EID #'s Requested: _____</p>	<p>Are calves individually identified? <u>yes / no</u></p> <p># of purchased calves in herd: _____</p> <p># of purchased pairs: _____</p> <p>Are you a stocker/backgrounder? <u>yes / no</u></p> <p>Do you have a feedlot at this site? <u>yes / no</u></p> <p>Do you feed out? <u>yes / no</u></p> <p>Do you have multiple calving seasons? <u>yes / no</u></p> <p># of calves produced each year: _____</p> <p>Do you manage share cows? <u>yes / no</u></p> <p>If yes, how are they managed? _____</p>
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<input type="checkbox"/> High Freq Tags	<input type="checkbox"/> Low Freq Tags	
2009 2010 2011	2009 2010 2011	
(circle one)	(circle one)	

Do you use a color code tag system at birth? yes / no

* Note: Calves with EID's will be entered into the CHAPS Program. A CHAPS generated report will be the document of record, and will provide you with source and age verified data.

If yes, explain: _____

Marketing Plans: _____

EID FEE STRUCTURE

OPTION 1 NO WEANING WEIGHTS SUBMITTED	OPTION 2 WEANING WEIGHTS SUBMITTED
Data Management Fee: \$1.00/Calf	Data Management Fee: \$.50/Calf
x # head: _____ + \$5.00 Processing Fee: \$5.00	x # head: _____ + \$5.00 Processing Fee: \$5.00
Total: _____	Total: _____

Signature _____

Date _____

* 3 year record retention is required. Initials of Signee _____

For Office Use Only

Verified as Correct

___ YES ___ NO

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