# AMERICAN BRAHMAN BREEDERS ASSOCIATION

**APPLICATION FOR**
**REGISTRATION OF CELL CLONED ANIMALS**  
(Registration fee of $100.00)

3003 South Loop West, Suite 500  
Houston, TX  77054  
(713) 349-0854  
Fax (713) 349-9795  
E-mail: abba@brahman.org

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**Date:** ____________________

**MEMBERSHIP NAME/ REGISTERING BREEDER**

ABBA MEMBERSHIP #

**STREET, ROUTE & BOX**

**CITY**  
**STATE**  
**ZIPCODE**

**HOLDING BRAND**

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### Cell Cloned Animal to be Registered:

<table>
<thead>
<tr>
<th>Private Herd #:</th>
<th>Birth Date:</th>
<th>Sex:</th>
</tr>
</thead>
</table>

Color Description: _____ (G=Gray R=Red B=Black S=Speckled)  
**Date of Biopsy:** ______________

<table>
<thead>
<tr>
<th>DNA:</th>
<th>Blood Type:</th>
</tr>
</thead>
</table>

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### Cell Donor Information:

<table>
<thead>
<tr>
<th>Private Herd #:</th>
<th>Registration #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DNA:</th>
<th>Blood Type:</th>
</tr>
</thead>
</table>

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Signature of Owner of Cell Donor at Time of Biopsy  
_________________________  Date: ____________________

Signature of Technician Performing Cloning Procedure  
_________________________  Date: ____________________

Signature of Technician Performing Embryo Implantation (If Applicable)  
_________________________  Date: ____________________

Signature of Registering Breeder (Owner of Cloned Animal at Time of Birth)  
_________________________  Date: ____________________