American Speckle Park
Association Application for Herd Book Entry

Breeder: Name:_____

Ranch Name:_____

Address:_____

_____

Member Number:_____

Phone:_____

T ransfer to: ___ _____ _____ _____

Address: _____

_____

Member Number:_____ (If available)

Phone:_____

Sale Date:_____

PO Box 260, Kearney, MO 64060
Phone: 816-652-2220
americanspecklepark@gmail.com
www.americanspecklepark.com

Calf Information

Calf Name:_____

Birth Date: _____ Sex: _____

Single or Twin:_____ Twin Sex:_____

Permanent ID: (circle one)

Tattoo Freeze Brand Hot Brand

Permanent ID Number:_____

Permanent ID Location: _____

Coat Color and Polled Status

Speckled:_____ Leopard:_____

Pointed White:_____ Black:_____

Polled_____ Scurred _____

Pedigree Information

Sire Name: _____

Sire Reg #: _____

Dam Name:_____

Dam Reg #: _____

Breeding and Calving Information

Natural Service: _____

AI:____ Service Date:_____

ET: ____ ET Removal Date _____

Performance & Management

Birth Weight: _____ Calving Ease:____

(1)NoAssistance(2)EasyPull(3)HardPull(4)Surgery(5)Malpresentation (6) Stillborn

Weaning Weight: ____ W. Date:_____ Management:_____

*Creep or Non-creep Fed

Yearling Weight:____ Y. Date:_____

Registration

Register upon DNA completion: _____

Birth & Performance entry ONLY: _____
Electronic Store Certificate (Y/N): _____

DNA Testing

Sample Type:_____

Sample Barcode:_____

*If Applicable
Test Type: GGP100K Bundle____

Payment Details: Required prior to DNA testing

Check/Cash Included: _____

CC Number: _____

Exp: _____ CVC:_____

I certify that the information provided is true and correct and I desire the same to be recorded in the herd book of American Speckle Park Association. I recognize that providing accurate weights and dates is crucial to the development and maintenance of accurate genetic predictions. I agree to abide by the Bylaws, Rules and Regulations of ASPA. I certify that I have read the breed standards as listed on www.americanspecklepark.com and confirm that this animal conforms to the breed standards

Applicant's Signature: _____ Date: _____