

# AUSTRALIAN MINIATURE HEREFORD CATTLE ASSOCIATION



## CERTIFICATION APPLICATION

\* Animal should be previously Registered with a Hereford Society  
\* Please include:

**A photocopy of the Hereford Society  
Registration Certificate**

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

FEE: FREE 09/10 Including Certificate

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

### ANIMAL TO BE CERTIFIED

Prefix followed by name – As Registered with the Hereford Society – (eg. DEEPWATER HIGH ROLLER)

#### Breeding Type (tick as appropriate)

Natural

A.I

E.T

#### SEX M/F

#### TATTOO

Right Ear

Left Ear

#### D.O.B




#### HEREFORD SOCIETY FILE NO.

### SIRE

Prefix & Name \_\_\_\_\_

Society Registration No: \_\_\_\_\_ Association Certification No: \_\_\_\_\_

Breeder: \_\_\_\_\_ NB: A Breeder is the owner of the Dam at the time of conception

### DAM

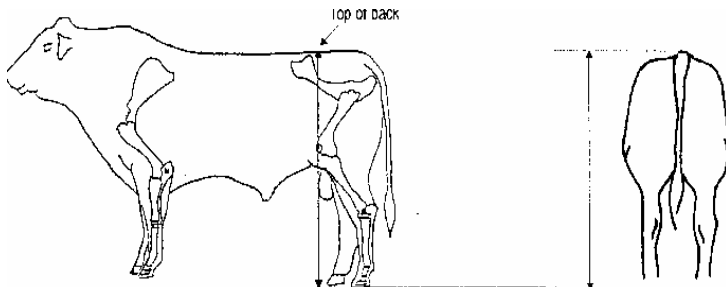
Prefix & Name \_\_\_\_\_

Society Registration No: \_\_\_\_\_ Association Certification No: \_\_\_\_\_

Breeder: \_\_\_\_\_

### Height Measurement (for animals 2 years & older)

Measuring for Frame Score Taken over back point above hip



Height over back

\_\_\_\_\_ cm

Measurement taken on

\_\_\_\_\_ date

#### I hereby certify that

The information given has been verified and is correct.  
I make application for the Certification of the above animal in accordance with  
the provisions of the AMHCA Rules & Regulations

Signed Owner: \_\_\_\_\_

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

Witness: \_\_\_\_\_

**Please forward application to:**

The Secretary,  
Post Office Box 415,  
WAROONA. WA 6215