

Application to Enroll Unregistered Animal Into IFGA Computerized Database

International Fainting Goat Association
GLM Registry
19508 Tiller Trail Hwy
Days Creek, OR 97429
Phone (541) 825-8580

FOR OFFICE USE ONLY	
Reg. No. Assigned _____	Date Enrolled. _____

This form is used to record pedigree information on goats that are **NOT** registered with IFGA or any other registry. Please complete as much information as possible. Items marked by an * must be completed. You should complete a separate form for each animal you present for consideration. A picture of the animal must be included with this application. All applications submitted will be reviewed by the Board of Directors for acceptance. If required information is not available your application will not be accepted.

*Goat's Name: _____
Goat's name **must** include the Herd Prefix or Last Name of owner at time of birth, and their signature is required below. 35 characters maximum.

*Sex: _____ Date of Birth: _____ *Color: _____
Number in Birth: Bucks _____ Does _____ Horned: _____ Polled _____ Disbudded _____
Sire _____ DOB _____ Color _____
Dam _____ DOB _____ Color _____

*Name of Owner at time of Birth: _____

If this person is a member of the IFGA please include their membership number: _____

Herd Prefix of owner at time of birth: _____. If you are using this Herd Prefix in naming your goat the owner at time of birth must sign here:

Signature Date

If the owner at time of birth does not have a Herd Prefix registered with the IFGA you must use their last name as a prefix and they must sign here:

Signature Date

*Person submitting this application. I certify all information herein is true and accurate to the best of my knowledge and belief. Falsifying information may result in rejection of this application.

Printed Name IFGA No

Address

Email Address Date

Signature