



Application for Registration Animals with IFGA Registered Parents

Mail To: GLM Registry/IFGA 19508 Tiller Trail Hwy, Days Creek, OR 97429
Make Checks Payable to: IFGA / Send PayPal to: george@glmregistry.com

Email unformatted photos to: ifga@glmregistry.com

Member (submitting application) # _____
Name: _____
Phone: _____
Email: _____

International Fainting
Goats Association

Category Descriptions & Requirements

CP = Certified Premium: Left, Right and Down photo required
P = Premium: Left & Right photo required (unable to obtain Down Photo)
R = Regular: Left, Right and 'stiff leg' photo required (female only)
H = Heritage: Left, Right and Down photo required

Reg# _____ (GLM to assign)

<p>Category: CP: ___ P: ___ R: ___ H: ___</p> <p>Herd Prefix & Name: _____</p> <p>DOB: _____ #in Birth: _____ #Buck: _____ #Doe: _____</p> <p>Sex: Doe: ___ Buck: ___ Whether: ___ Horned: ___ Polled: ___ Disbudded: ___</p> <p>Color Description: _____ Eye Color: _____</p> <p>Marks/Characteristics: _____</p> <p>R Ear Tattoo: _____ L Ear Tattoo: _____ Scrapie: _____ Microchip: _____</p> <p>Mini (must be over 3yrs) Buck (less than 23") Height: _____ Doe (less than 22") Height: _____</p>	<p>Sire Reg# _____</p> <p>Sire Name: _____</p> <p>Owner at time of Service: _____</p> <p>Dam Reg# _____</p> <p>Dam Name: _____</p> <p>Owner at time of Service: _____</p>
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_____ Owner at time of Birth

_____ IFGA#

_____ Current Owner

_____ IFGA#

Mail Certificate to: _____

Reg# _____ (GLM to assign)

<p>Category CP: ___ P: ___ R: ___ H: ___</p> <p>Herd Prefix & Name: _____</p> <p>DOB: _____ #in Birth: _____ #Buck: _____ #Doe: _____</p> <p>Sex: Doe: ___ Buck: ___ Whether: ___ Horned: ___ Polled: ___ Disbudded: ___</p> <p>Color Description: _____ Eye Color: _____</p> <p>Marks/Characteristics: _____</p> <p>R Ear Tattoo: _____ L Ear Tattoo: _____ Scrapie: _____ Microchip: _____</p> <p>Mini (must be over 3yrs) Buck (less than 23") Height: _____ Doe (less than 22") Height: _____</p>	<p>Sire Reg# _____</p> <p>Sire Name: _____</p> <p>Owner at time of Service: _____</p> <p>Dam Reg# _____</p> <p>Dam Name: _____</p> <p>Owner at time of Service: _____</p>
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_____ Owner at time of Birth

_____ IFGA#

_____ Current Owner

_____ IFGA#

Mail Certificate to: _____

I certify that all information herein is true and accurate to the best of my knowledge and belief: _____

Signature & Date