

**Holstein Association**

1 Holstein Place, PO Box 808  
Brattleboro, VT 05302-0808  
Phone: 800.952.5200 Fax: 802.254.8251  
www.holsteinusa.com

**TRANSFER APPLICATION**

See directions on back for completing this application.

In BLACK INK only, print NUMBERS and CAPITAL LETTERS as illustrated. "X" options as shown.

1	2	3	A	B	C	D	X
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ANIMAL INFORMATION	TYPE OF SALE	SERVICE REQUESTED	
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Private Treaty	<input checked="" type="checkbox"/> Family Transfer	<input checked="" type="checkbox"/> RUSH (additional fees apply) <small>Indicate RUSH on envelope</small>
<input checked="" type="checkbox"/> Recipient/Embryo	<input checked="" type="checkbox"/> Export	<input checked="" type="checkbox"/> Partial Herd Update	<input checked="" type="checkbox"/> Performance Pedigree
<input checked="" type="checkbox"/> Embryo	<input checked="" type="checkbox"/> Lease	<input checked="" type="checkbox"/> Whole Herd Update	Return certificate to:
	<input checked="" type="checkbox"/> Public Sale	<input checked="" type="checkbox"/> Buyer	<input checked="" type="checkbox"/> Sender

**ANIMAL/BUYER INFORMATION**

Registration Number:

Name of Animal: \_\_\_\_\_  
If transfer of embryo see directions on back and complete section below.

Date of Sale:  /  /  MO DAY YEAR Buyer's Name: \_\_\_\_\_

Buyer's Acct. #:  Address: \_\_\_\_\_

Buyer's Phone #:  (AREA CODE) \_\_\_\_\_

In making this application, I hereby subject myself to all the provisions of the Constitution and Bylaws of the Holstein Association USA, Inc. as they now exist or may from time to time be amended, knowledge of which I now have or will immediately acquire. I guarantee that all matters stated herein are true.

Seller's Holstein Account Number:  Seller's Signature: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

Registration #:

Date of Service:  /  /  MO DAY YEAR Or was with Bull from:  /  /  MO DAY YEAR to  /  /  MO DAY YEAR

Service Sire Registration #:  AI  Natural

Name of Service Sire: \_\_\_\_\_ Breeder's Prefix: \_\_\_\_\_

**IDENTIFICATION OF EMBRYO**

Donor Dam Registration #:  Date of Service:  /  /  MO DAY YEAR

Name of Donor Dam: \_\_\_\_\_ Date of Recovery:  /  /  MO DAY YEAR

Service Sire Registration #:  Date of Embryo Transfer:  /  /  MO DAY YEAR

Name of Service Sire: \_\_\_\_\_ Frozen Embryo:  Fresh Embryo:

Recipient #:  Breeder's Prefix: \_\_\_\_\_

Signature of Embryo Owner: \_\_\_\_\_ Holstein Acct. #:

Signature necessary to transfer ownership of embryo to buyer

# DIRECTIONS FOR COMPLETING APPLICATION FOR TRANSFER

In black ink only, print NUMBERS and CAPITAL LETTERS as illustrated. "X" options as shown.

1	2	3		A	B	C	D		X
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- 1. ANIMAL INFORMATION - TYPE OF SALE - SERVICE REQUESTED:** Check a box in each column that matches the type of sale and services requested.

Order a pedigree to receive the most current production and type information for this animal.

To qualify for a Family Transfer, the new owner must be a member of owner's immediate family. The change of ownership may be required due to death of a member. The seller must be a National Association member. While no sale has actually taken place, a date of sale is required.

Information on Whole Herd or Partial Herd transfers is available upon request.

- 2. ANIMAL TO BE TRANSFERRED:** Fill in registration number and name.

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**In the Case of Embryos** (IN ALL CASES, COMPLETE THE IDENTIFICATION OF EMBRYO SECTION.)

- If carried by unregistered recipient, show recipient's ear tag number on the name line.
- If frozen, show label on straw and all unique straw numbers in this transaction on the name line. If fresh, indicate "fresh" on the name line. ALL EMBRYOS FROM ONE RECOVERY SOLD TO ONE BUYER ARE COVERED BY ONE APPLICATION.
- If a registered recipient is being sold, the owner of the embryo must sign the application for transfer in the identification of embryo section. FAILURE TO SIGN WILL INDICATE THE SELLER OF THE ANIMAL IS RETAINING OWNERSHIP OF THE RESULTING CALF.
- If a choice of an animal resulting from embryo transfer is being sold, indicate "choice" on the name line.

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- 3. DATE OF SALE:** Provide complete date of sale, month, day and year.
  - 4. SOLD TO:** Buyer's Name and Address. Complete buyer's name and address to correspond with the manner in which the buyer does business with the Association and **enter the buyer's account number and phone number.** In consignment sales, a sales manager is responsible for buyer's name, address, Holstein account number and phone number. THE IDENTIFICATION OF THE BUYER MUST BE COMPLETED AS PASSING AN OPEN TRANSFER (one not filled in to show the buyer) IS A VIOLATION OF THE ASSOCIATION BYLAWS.
  - 5. SELLER'S SIGNATURE:** In most cases, a signature on a transfer is not required. However, a signature card must be on file for all accounts, other than individual accounts. Seller or seller's representative will be notified of this change of ownership.
  - 6. SELLER'S ACCOUNT NUMBER:** Provide the seller's Holstein Account Number.
  - 7. CERTIFICATE OF SERVICE:** If the animal sold has been bred, complete the certificate of service. If not bred while in your ownership, state - "not bred in my possession".

**Send completed application to the Association with the certificate within 30 days of the date of sale to take advantage of the minimum fee. If the certificate must accompany the animal, it is suggested that a photocopy of the transfer accompany the certificate. The certificate can be submitted at any time for updating.**