



THE INTERNATIONAL **KIKO** GOAT ASSOCIATION REGISTRATION/TRANSFER FORM

This application is for the following IKGA Classification:

New Zealand Full Blood
 American Premier Purebred
 Percentage
 Elite*

| | | | |
|---------------------|--|-------------------------|--|
| Breeder Name | | IKGA Herd Prefix | |
| Address | | City | |
| State/Zip | | Phone | |
| E-mail | | | |

SIRE information

| | | | |
|----------------------------|--|-------------------------------|--|
| IKGA Registration # | | Name | |
| IKGA Classification | | Does breeder own sire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DAM information

| | | | |
|----------------------------|--|----------------------------|--|
| IKGA Registration # | | Name | |
| IKGA Classification | | Breed (if not Kiko) | |

Information on animal being registered

| | | | |
|--|--|---|------------------------|
| Ear tag# | | Name | |
| DOB | | Birth wt | Percentage Kiko |
| Tattoo (L) | | Tattoo (R) | Microchip # |
| Color | | Type of breeding: <input type="checkbox"/> Natural <input type="checkbox"/> Embryo Transfer <input type="checkbox"/> Artificial Insemination | |
| Early feeding: <input type="checkbox"/> Nursed <input type="checkbox"/> Artificial | | Birth rank: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Buck | |
| <input type="checkbox"/> Horned <input type="checkbox"/> Polled <input type="checkbox"/> Disbudded | | <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> Five + <input type="checkbox"/> Doe | |

| 90 day wt* | Ratio* | CGS* | LSW* | 180 day wt* | Mgt.* | Dam DOB* |
|------------|--------|------|------|-------------|-------|----------|
| | | | | | | |

*Required for Elite Registration

BUYER information

| | | | |
|--------------------------|---------------------|-------------------------|--|
| Name | | IKGA Herd Prefix | |
| Address | | City | |
| State/Country/Zip | | Phone | |
| E-mail | Date of Sale | | |

"I verify by my signature below that all information I have provided is true and accurate to the best of my knowledge. I understand that providing false information may result in my dismissal from the IKGA as set forth in the By-Laws, and if not a member of the IKGA, my application may not be accepted for processing due to false and/or incomplete information."

Signed: _____ Date: _____

Attach payment (check or money order) and ORDER FORM, and mail to: IKGA c/o Tyler Watkins, 105 Richey Circle, Anderson, SC 29625
Please e-mail TylerWatkins28@gmail.com with any questions.