



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: _____