Replacement Application

HEARTLAND HIGHLAND CATTLE ASSOCIATION

17500 Hamilton Arms Court Dewitt, VA 23840

heartlandhighlandregistrar@gmail.com

OFFICE USE ONLY	
DATE RECEIVED	
FEE PAID	
RECEIPT NUMBER	
BY	
REGISTRATION NUMBER ASSIGNED	

DATE REGISTERED __

Complete this form if you are the registered owner and need a replacement registration certificate. There is a \$10 fee for this.

Are you shown as the owner of this Highland on the registration and in the herd book?		
O Yes		
O No - STOP please contact	the registered owner.	
HHCA Registration Number		
Animal's Registered name as sho	w in registration and the Herd book.	
Enter registered name NOT th	ne name you call them.	
Reason for needing a duplicate?		
O Lost		
O Misplaced		
O Did not receive		
Name of Person Requesting Repl	acement	
Email Address of Person Reques	ting	
Comments		
I hereby certify and declare the above to be a true and	d correct statement and I desire to have the same information recorded with the Heartland Highland Cattle Association.	
X		
Signature of Owner of animal to be registered	d Month/Day/Year	