



SHORTHORN PLUS APPLICATION FORM

Email: shorthorn@studbook.co.za / melissab@studbook.co.za

118 HENRY STREET, WESTDENE, BLOEMFONTEIN, 9300

TEL: 051-410 0954 / 071 283 9943

BASIC INFORMATION:

Full Name / Farm Name: _____

ID / Registration Number: _____

Postal Address: _____

Physical Address: _____

Cell Number: _____

Email Address: _____

Studbook Membership Number (if applicable): _____

Breed Composition of Base Herd: _____

OBJECTIVE

- To enlarge the Shorthorn population and gene pool of Shorthorn genetics.
- To promote and increase the use of Shorthorns for cross breeding.
- To improve the quality, adaptability and commercial characteristics of the Shorthorn.
- To provide breeders the opportunity to use Shorthorn genetics in a crossbreeding environment while maintaining pedigree and performance records.

SHORTHORN PLUS PRINCIPLES

- Breeders will place emphasis on production and phenotype rather than pedigree.

REQUIREMENTS / RULES

- Registered Shorthorn bulls must be used in the Shorthorn Plus herd.
- A Shorthorn Plus herd will be inspected annually.
- Multi-sired herds will be permitted.
- DNA testing (Parent verification) is encouraged.
- Accurate record keeping is encouraged.
- All cattle must be branded according to registered branding requirements.

FEES

- | | |
|-------------------|----------------|
| • Entry Fee: | R500.00 |
| • Membership fee: | R1000.00 p.a. |
| • 1–100 Cows: | R35.00/animal |
| • 101–200 Cows: | R25.00/animal |
| • 201+ Cows: | R20.00 /animal |

SHORTHORN PLUS SOCIETY FEES:

Once the payment has been made, please send POP through to shorthorn@studbook.co.za along with your application form.

BANKING DETAILS:

Shorthorn CBS
Standard Bank
Account nr: 041206010
Branch code: 051001
Reference: Pastel Code

DECLARATION

I hereby apply to become a member of the Shorthorn Plus Programme and agree to abide by all the rules, regulations and principles prescribed by the Shorthorn Society of South Africa and the Beef Shorthorn plus programme.

Applicant Signature: _____

Date: _____

Approved By: _____

Society Representative Signature: _____