

Mail this form with appropriate fees to:
Australasian Lama Registry, Heather Duxbury
218 Carrs Rd., Loburn RD 2, Rangiora 7472, NZ
PH/Fax: NZ 03 312 8090
Email: b.h.lamas@clear.net.nz

AUSTRALASIAN LAMA REGISTRY

BEFORE FILLING IN THIS FORM PLEASE READ A COPY OF THE REGISTRY GUIDELINES

OWNER INFORMATION

OWNER _____ PHONE _____ FAX _____ EMAIL _____
 ADDRESS _____
 _____ POST CODE _____
 FARM OR STUD NAME _____ OWNER CODE _____

INFORMATION ABOUT LAMA TO BE REGISTERED

Male
SEX Female
 DATE OF BIRTH / / Gelding MICROCHIP NUMBER _____ MICROCHIP LOCATION Other _____
 Base of Left ear

LAMA SPECIES

Cross-bred
 Guanaco
 Llama

Names are limited to thirty characters or less including breeder identification and spaces.
 Names must differ by at least one letter from all other names in the registry
 Breeder identification, if known, must precede the lama's name.
 The breeder is defined as the owner or lessee of the dam at the time of birth.

NAME (first choice) _____
 NAME (second choice) _____
 NAME (third choice) _____

WOOL TYPE

Short
 Medium
 Medium with Mane
 Long Single Coat
 Long Double Coat
 Suri

COAT PATTERN _____	COUNTRY OF ORIGIN _____	COUNTRY OF BIRTH _____	ILR NUMBER _____
FIRST COLOUR _____	SECOND COLOUR _____	THIRD COLOUR _____	EAR TAG NUMBER _____

INFORMATION ABOUT SIRE OF LAMA BEING REGISTERED

REGISTRATION NUMBER (ALR) _____	NAME _____	LAST SERVICE DATE _____	COUNTRY OF ORIGIN _____
SIRE OWNER AT SERVICE DATE _____	OWNER CODE _____	ILR NUMBER _____	SIRE OWNER SIGNATURE _____

SIRE SPECIES

Llama
 Alpaca
 Guanaco
 Cross-Bred

INFORMATION ABOUT DAM OF LAMA BEING REGISTERED

REGISTRATION NUMBER (ALR) _____	NAME _____	COUNTRY WHERE SERVICED (Australia NZ etc) _____	COUNTRY OF ORIGIN _____
DAM OWNER OR LESSEE AT BIRTH DATE (BREEDER) _____	BREEDER OWNER CODE _____	BREEDER SIGNATURE _____	

DAM SPECIES

Llama
 Alpaca
 Guanaco
 Cross-Bred

I certify that to the best of my knowledge, the information given on this form is correct

A Lama may only be registered by its present owner

SIGNATURE OF PRESENT OWNER _____ DATE _____