P.O. Box 8, Kalispell, MT 59903
(406) 755-3438 phone; (406) 755-3439 fax
www.lamaregistry.com info@lamaregistry.com

LLAMA Application for Domestic Screening

Owner Code _____

Owner Name _____ Phone _____

Address _____ Cell _____

Address _____ Fax _____

City/State/Zip _____

Lama's Name _____ Sex _____

ILR ID# _____ Date of Birth _____

Microchip #1 _____ Estimated Age _____

Location _____ Color _____

Microchip #2 _____ DNA Testing # _____

Location _____ Ear Tag # _____

FEE A $250 non-refundable fee must be received in the ILR office before the screening process can begin.

HISTORY of lama being screened. Please provide information regarding the circumstances of acquiring this animal. Include copies of Bill of Sale or other relevant documentation / affidavits.

_____

_____

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_____

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_____

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_____

I certify to the best of my knowledge, the information above is correct and this lama has not previously been screened.

OWNER'S SIGNATURE X _____ DATE _____