



MARK AND BRAND APPLICATION

MUST BE SUBMITTED TO THE COUNTY CLERK IN THE COUNTY IN WHICH YOUR LIVESTOCK RESIDE

THE EFFECTIVE DATE OF THIS APPLICATION IS AUGUST 31, 2011 TO AUGUST 31, 2021

THE RENEWAL PERIOD FOR THIS BRAND IS AUGUST 31, 2021 TO FEBRUARY 28, 2022

This form shall only be used to record a single brand or mark for one or more locations on an animal.

Please print or type information (* Required information):

The undersigned hereby makes application for the registration and recording of the following mark(s) and/or brand(s) by the County Clerk of Hidalgo County, Texas:

* New: Renewal: Release: Transfer:

Contact Information:

* Owner/Agent: Jorge L Luna

Ranch/Business Name: Rancho Las Anacahuillas

* Address: 13838 mile 20N

* City: Edcouch * State: TX * Zip: 78538

Phone: (956)393-7766 Email: _____

Brand/Mark Information: Male: Female:

* Specie: Cattle: Horse: Swine: Sheep: Goat: Ear Marks Only:

Volume/Book: #314 Page: _____ Cert#: _____

BRAND	MARK	
Draw the Brand <i>If multiple brands, please use additional application.</i>	Right Ear	Left Ear

* Brand Location on Animal: Left Right

All Locations Thigh

Shoulder Jaw/Face/Nose

Side/Rib Tail/Back

Flank Other: _____

Hip/Loin

Electronic Chip#: _____

Tattoos: _____

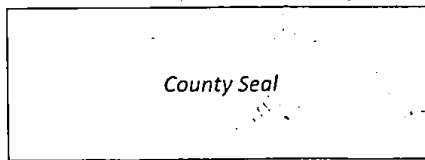
* Brand Description: Circle with a J

* Signature of Applicant: Jorge Luna *Date: 2/24/16

By: Sandra Rivera Deputy, Arturo Guajardo Jr. County Clerk

(Deputy's Name)

(County Clerk's Name)



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Contact Information:

* Owner/Agent: Sorge L. Luna

Ranch/Business Name: 13838 Rancho las Anacahuitas

* Address: 13838 mile 20N


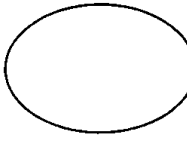
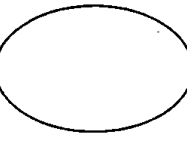
* City: Edcouch * State: TX * Zip: 78538

Phone: 956-393-7766 Email: Sorgeluis Jr @ ymail.com

Brand/Mark Information: Male: Female:

* Specie: Cattle: Horse: Swine: Sheep: Goat: Ear Marks Only:

Volume/Book: _____ Page: _____ Cert#: _____

BRAND	MARK	
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 Flank Other:
 Hip/Loin

Electronic Chip#: _____
Tattoos: _____

* Brand Description: Circle with a J

* Signature of Applicant: _____ *Date: _____
(Owner/Agent)

By: _____ Deputy, _____ County Clerk
(Deputy's Name) (County Clerk's Name)

