

- Important
 1. Type or Print Legibly
 2. Check your application for errors
 3. Proper fees must accompany all work

NATURAL COLOR WOOL GROWERS ASSOCIATION PR - PEDIGREE REGISTRATION APPLICATION

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email asregistry@gmail.com



Sr. Member# _____
 Jr. Member # _____
 Non-Member # _____

BREEDER
(Owner of Dam at Time of Mating) _____
ADDRESS
 ST. OR RT. _____ CITY _____ ST _____ ZIP _____
OWNER
(Owner of Dam at Time of Birth) _____
ADDRESS
 ST. OR RT. _____ CITY _____ ST _____ ZIP _____

Leave Blank For Office Use Only	1 Color	2 Sex	3 Name of Animal Private Flock Tag or Tattoo Number	4 Birth Type Sg, Tw, Tr	5 Breed Codes	6 Birthdate	7 - Sire		8 - Dam		9 - Transfer	
							Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag	Date of Sale	If sold, To Whom & Address <i>(enclose transfer fee)</i>
Sample	B	E	SWSC 25-01 Little Star	TW	06,27	2-27-25	123457	SWSC 24-01	123456	SWSC 23-01		

ATTENTION

- Please sign as Dam or Sire Owner or Both
- Please Check Work for Accuracy.
- After Completion, Please Keep a Copy of this Form in Your File

DATE _____
 DAYTIME PHONE _____
 EVENING PHONE _____
 FAX NUMBER _____
 E-MAIL _____

SIGNATURE OF OWNER OF DAM *(time of lambing)* _____
 SIGNATURE OF OWNER OF RAM *(time of mating)* _____

Applications completed by partnership must also bear signature of a person authorized to sign for account.
*Signature above represents:
 "The information here is correct to the best of my knowledge and belief"*

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of ewes at time of Mating: _____
(Signature)

Address: _____
(Signature)

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of ram at time of Mating: _____
(Signature)

Address: _____
(Signature)

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

was AI'd with _____ units/straws of semen from Ram _____ Registration # _____
(# used) (Ram Name & Tag Number) (Registration Number)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of ewes at time of Mating: _____
(Signature)

Address: _____
(Signature)

Embryo Transfer Certificate

This is to certify that Ewe _____ Registration # _____
(Donor Ewe's Name & Tag Number) (Ewe's Registration Number)

was flushed and _____ eggs were recovered on _____ bred to Ram _____
(# eggs) (Month, Day, Year) (Ram Name & Tag Number)

Registration # _____ eggs were implanted into recipient ewes on _____
(# eggs) (Month, Day, Year) (Month, Day, Year)

_____ (Ram's Registration Number) _____
(# eggs)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of ewes at time of Mating: _____
(Signature)