

• Prices effective January 1, 2016 •

AMERICAN HAMPSHIRE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • asregistry@gmail.com

Name _____ Membership # _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Website _____
 Daytime _____ Alternate _____ Phone # _____
 Phone # _____ Phone # _____ to list on _____
Between 8-5 website

Check one of the following:

Senior/Active Member Junior Member Non-Member New Member Applying
(until age 21)

A. MEMBERSHIPS

	Quantity	Member Price	Total Cost
1. New Senior Member _____		25.00	
2. Annual Senior Dues _____		25.00	
3. New Junior Member (date of birth ____/____/____) _____		15.00	
4. Junior Dues (date of birth ____/____/____) _____		15.00	
5. Heartbeat Subscription (only if not Sr or Jr Member) _____		15.00	

B. REGISTRATIONS

Post marked Sept 1- April 30

1. Animal under 12 months _____		4.00	
2. Animal over 12 months _____		8.00	

Post marked May 1 - August 31

1. Animal under 12 months _____		6.00	
2. Animal over 12 months _____		12.00	

C. TRANSFERS

1. 90 days and under (from date of sale) _____		10.00	
2. Over 90 days (from date of sale) _____		20.00	

D. DUPLICATE CERTIFICATE _____

		5.00	
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E. NAME CHANGE / CHRISTENING _____

		25.00	
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F. RUSH FEE (per each registration & transfer) _____

		5.00	
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G. EMERGENCY FAXES / EMAIL DOCUMENTS (per page) _____

		3.00	
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H. SPECIAL HANDLING

1. UPS Overnight Delivery _____		Call for pricing	
2. Postal Overnight, USPS (two-three day delivery) _____		24.00	
3. Priority Mail, USPS (four-five day delivery) _____		7.00	

I. WEBSITE BREEDER LINK (per calendar year) _____

		10.00	
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J. 11x17 PEDIGREE PEN CARDS (provide list of animals) _____

		2.00	
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K. NAILE (per head entered) _____

		5.00	
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L. ANNUAL FLOCK BOOK (specify year) _____

		50.00	
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M. LAMBING BOOKS (maximum of two) _____		free upon request	
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N. AMERICAN HAMPSHIRE SHEEP ASSOCIATION HATS (circle color choice) _____		10.00	Gray	Tan	Red
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O. AMERICAN HAMPSHIRE SHEEP ASSOCIATION T-SHIRTS (specify size/circle color choice) _____		10.00	Gray	Pink	Blue
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P. POSTAGE FOR AHSA ITEMS _____		one item: 7.00 two or more: 14.00	
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Q. OTHER FEES _____			
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TOTAL FEES FROM ABOVE		\$	
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Previous Balance Due (please return invoice)		\$	
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Previous Credit Due (please return invoice)		\$	
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TOTAL AMOUNT DUE		\$	
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PAYMENT BY CHECK # _____ OR CREDIT CARD # _____

EXPIRATION DATE ON CARD _____ THREE DIGIT CODE ON BACK OF CARD _____

ZIP CODE OF BILLING ADDRESS _____ SIGNATURE OF CARDHOLDER _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •

Breeding Certificate

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

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

Address: _____ Address: _____

Breeding Certificate

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

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

Address: _____ Address: _____

Artificial Insemination Certificate

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

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

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of ewes at time of Mating: _____ Owner of ram / semen at time of Mating: _____
(Signature) (Circle one) (Signature)

Address: _____ Address: _____

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 _____
(Ram's Registration Number) (# eggs) (Month, Day, Year)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of ewes at time of Mating: _____ Owner of ram / semen at time of Mating: _____
(Signature) (Circle one) (Signature)

Address: _____ Address: _____