Valais Blacknose Sheep Association of North America

ARTIFICIAL INSEMINATION DECLARATION

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

I hereby certify that the following ewes:

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

Flock Prefix:_____ Flock Tag #: _____ VBSANA # _____

I _____ certify that the _____ ewes listed above were artificially inseminated with
(Name of Licensed Veterinarian/Technician) *(# of ewes)*

semen from _____/_____ on _____/_____/_____
(Name & Tag # of Ram) *(VBSANA Registration # of Ram)* *Date: (M/D/Y)*

Printed Name: _____
(Licensed Veterinarian/Technician)

Signature:_____ Date: _____/_____/_____
(Licensed Veterinarian/Technician)

• I, the owner or lessee, of the ewes, certify that all the information herein is timely & accurate. •

Owner of ewes at time of insemination: _____ Date: _____/_____/_____
(Signature)

Lessee of ewes at time of insemination: _____ Date: _____/_____/_____
(Signature)

• THIS COMPLETED FORM MUST ACCOMPANY ANY REGISTRATION APPLICATIONS IF THE CONCEPTION WAS AI •