## **Important**

1. Type or Print Legibly

## DECISTD ATION ADDITION

	1	TOID I I	WII	ONA		HULLE		
Phone: 785-456-8500	•	PO Box 231	420A	Lincoln -	Wamego,	KS 66547	•	Fax: 785-456-8599

2. L	ambs a	ıre ma	ture af	ter 12	mont	hs
3. P	roper 1	fees mi	ist acco	mpa	nv all	wo

Breeder

•	Column 1C:	AS=Aus	White/AW=Am	White	ADE
					ST. C

(Owner of Dam at Time of Mating)\_\_\_\_\_ DRESS OR RT.\_ CITY ST ZIP

OWNER

(Owner of Damat Time of Birth)\_\_\_\_\_

Member #\_\_\_\_\_

Address St. or Rt.\_ \_\_\_\_\_CITY\_\_\_\_\_\_ST\_\_\_ZIP\_\_\_\_\_



Leave Blank	1A	1B	1C	2 Digth	3 Dragding	4		5 - Sire		6 - Dam		7 - Transfer
For Office Use Only	1 A Name of Animal Private Flock Tag or Tatoo Number	Certified Tag#	Animal AS or AW	Type Sg,Tw,Tr	3 Breeding Type Nat, AI, ET	Birthdate	Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag	Date of Sale	7 - Transfer If sold, To Whom & Address (enclose transfer fee)
Sample	Huber 09-26		AS	TW	Nat	2-27-14	508070		96199A			
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## **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"