

Important

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

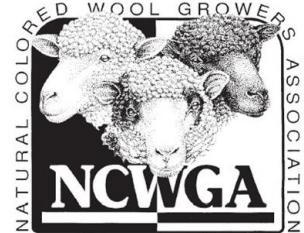
**NATURAL COLOR WOOL GROWERS ASSOCIATION
CR - PEDIGREE REGISTRATION APPLICATION**

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 _____

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

SIGNATURE OF OWNER OF DAM (time of lambing)

DAYTIME PHONE

SIGNATURE OF OWNER OF RAM (time of writing)

Evening Phone

Applications completed by partnership must also bear signature of a person authorized to sign for account.

FAX NUMBER

Signature above represents:

Signature above represents:

Signature above represents:
“The information here is correct to the best of my knowledge and belief”

Updated 12/15/2025

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)

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

Address: _____

Address: _____

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)

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

Address: _____

Address: _____

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 #)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____

Technician Contact Number: _____

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

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

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 _____
(Registration Number) (Month, Day, Year)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____

Owner of ewes at time of Mating: _____
(Month, Day, Year)

Owner of ram/ semen at time of Mating: _____
(Month, Day, Year)