

**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 \_\_\_\_\_

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 (enclose transfer fee)
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"***

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: \_\_\_\_\_  
(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: \_\_\_\_\_  
(Month, Day, Year)