

American Gotland Sheep Society

Certificate of Service

Owner of Ewe(s) _____ Farm Name _____

Farm Prefix _____ Flock # _____

Address _____ City/State/Zip _____

(If AGSS number has not been issued, please notate on form)

Ewe's Name	Ear Tag	AGSS #	Breeding Type (AI/Natural)	Ram Name	AGSS #	AI/Exposure Date

The following information certifies that the offspring will be recordable/registerable

I leased these ewes to _____

I sold these bred ewes to _____

I am the owner of the ram and leased/loaned him to the above owner of the ewes

My Name _____ Address _____ City/State/Zip _____

Farm Name _____ Farm Prefix _____

I am the AI technician performing services _____

Signature, Owner of Ram or AI Tech _____ Date _____

Signature, Owner of Ewe(s) _____ Date _____