

- Important
 1. Type or Print Legibly
 2. Lambs are mature after 12 months
 3. Proper fees must accompany all work

AMERICAN POLYPAY SHEEP ASSOCIATION REGISTRATION APPLICATION

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email: asregistry@gmail.com



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 Sex	2 Flock Prefix & Private Flock Tag or Tattoo Number	3 Birth Type Sg, Tw, Tr	4 Breeding Type Nat, AI, ET	5 Birthdate	6 - Sire		7 - Dam		8 - Dam Information			8 - Transfer If sold, To Whom & Address <i>(enclose transfer fee)</i>
						Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag	This birth # of Lambs Born/Weaned	Lifetime # of Lambs Born/Weaned	Lifetime # of Lambings	
SAMPLE	E	HUBER 87-26	TW	NAT	2-27-02	23598	WILSON 50	19987	HUBER 85-23	3/2	13/10	5	

ATTENTION

- Owner of Dam at time of lambing must sign this application.
- 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"*