



Australian/American White Sheep USA

WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Member

New Member Applying

A. MEMBERSHIPS

1. Membership --Dues paid by January 31st _____ 45.00 _____

2. Membership --Dues paid after January 31st _____ 65.00 _____

((Membership fee is waived with purchase of a ram from the AWUSA))

B. REGISTRATIONS/ RECORDATION

(EWES ONLY, with F4 cross bring considered purebred "registered")

(No animals can be registered/recorded via AI/Embryo w/out a certificate from AWUSA.)

1. 2 Years old and Younger _____ 8.00 _____

2. Older than 2 Years Old _____ 16.00 _____

C. TRANSFERS

1. Ewes under 60 days *(from date of sale)* _____ 8.00 _____

2. Ewes over 60 days *(from date of sale)* _____ 16.00 _____

3. Rams under 60 days *(from date of sale)* _____ 8.00 _____

4. Rams over 60 days *(from date of sale)* _____ 16.00 _____

D. DUPLICATE CERTIFICATE _____ 10.00 _____ same _____

E. EMERGENCY FAXES *(per page - not including cover)* _____ 25.00 _____ same _____

F. SPECIAL HANDLING

1. UPS Overnight Delivery _____ *Call to order... Must provide credit card number for direct payment to UPS* _____ same _____

2. Postal Overnight, USPS *(two-three day delivery)* _____ 33.00 _____ same _____

3. Priority Mail, USPS *(four-five day delivery)* _____ 11.00 _____ same _____

G. OTHER FEES _____

TOTAL FEES FROM ABOVE.....\$ _____

Previous Balance Due *(please return invoice)*.....\$ _____

Previous Credit Due *(please return invoice)*\$ _____

TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ OR CREDIT CARD # _____

EXPIRATION DATE ON CARD _____ THREE DIGIT CODE ON BACK OF CARD _____

ZIP CODE OF BILLING ADDRESS _____ SIGNATURE OF CARDHOLDER _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• **ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS** •

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

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

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)
were 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: _____ Owner of ram / semen at time of Mating: _____
(Signature) *(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: _____
(Signature) *(Circle one)* *(Signature)*
Address: _____ Address: _____