

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

COTSWOLD BREEDERS ASSOCIATION REGISTRATION APPLICATION

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



Regular Member # _____

Associate Member # _____

Junior 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 Color (W or C)	5 Breeding Type Nat, AI, ET	6 Birthdate	7 Name of Sheep (if any)	8 - Sire		9 - Dam		10 - 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	E	Huber 87-26	TW	W	Nat	2-27-02	Spot	23598	Wilson 50	19987	Huber 85-23		

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"*