# KATAHDIN HAIR SHEEP INTERNATIONAL REGISTRY
# WORK ORDER AND FEE SCHEDULE

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



Name _____ Owner # _____

Farm Name _____

Address_____ Website _____

City, State, Zip_____ Date _____

Phone # _____ Fax # _____ E-mail _____

*Check one of the following:*

☐ Voting Member   ☐ Youth Member   ☐ Non-Member   ☐ New Member Applying
                      *(until youth turns 19)*

<u>Voting Member</u> - There is no separate family membership category. The voting membership category allows registering of sheep in the name of the individual member, business/corporate/partnership/family member or allows families and partnerships to register sheep in the name of individual members of the family or partnership.

<u>Youth Membership</u> - is for individuals that are less than 19 years of age. It is valid until January 1st following the 19th birthday. Youth membership provides all the benefits of the regular voting membership except voting privileges. Youth Members can register, record and transfer sheep at member prices, but youth membership is free. NOTE: Youth may have their own separate membership and Flock ID or they can be part of their Family's Voting Membership. If part of the Family Membership, youth can still register sheep in their name using the Family's Flock ID. If part of the family membership, a separate youth application should not be filed.

Members must be paid up to date on KHSI Membership dues in order to register sheep.

<u>New Member Applying</u> - If you wish to apply, please download a membership form from the KHSI website www.katahdins.org or obtain one from Associated Registry at 785-456-8500 or 660-851-0101 and mail to us at KHSI, PO Box 27, Sedalia, MO 65302. You can also join and pay online at www.katahdins.org.

| | Quantity | US Price | Canadian Dollars | Non-Member | Total Cost |
|---|---|---|---|---|---|
| **A. MEMBERSHIPS** | | | | | |
| 1. New Voting Member _____ | | 45.00 _____ | 45.00 _____ | | |
| 2. Voting Member Dues *(renewing after January 31st)* ___ | | 60.00 _____ | 60.00 _____ | | |
| 3. New Youth Member *(year of birth _____)* | | free _____ | free _____ | | |
| 4. Youth Dues *(renewing) (year of birth _____)* | | free _____ | free _____ | | |
| **B. REGISTRATIONS** | | | | | |
| 1. Animal less than 2 years old _____ | | 8.00 _____ | 10.00 _____ | | |
| 2. Animal 2 years or older _____ | | 16.00 _____ | 20.00 _____ | | |
| **C. RECORDATIONS** *Note: If registering and transferring at the same time, both a registration fee and a transfer fee must be paid.* | | | | | |
| 1. Animal less than 2 years old _____ | | 8.00 _____ | 10.00 _____ | | |
| 2. Animal 2 years or older _____ | | 16.00 _____ | 20.00 _____ | | |
| **D. TRANSFERS** | | | | | |
| 1. Within 60 days *(from date of sale)* _____ | | 8.00 _____ | 10.00 _____ | *double fees* | |
| 2. After 60 days *(from date of sale)* _____ | | 16.00 _____ | 20.00 _____ | *double fees* | |
| **E. REISSUE CERTIFICATE** | | 5.00 _____ | 7.00 _____ | *double fees* | |
| **F. UPGRADING** *(changing hair coat type for grading up)* ___ | | 5.00 _____ | 7.00 _____ | | |
| **G. PURCHASE ANIMAL NAME** *(limited to 17 characters)* ___ | | 25.00 _____ | | | |
| Requested Animal Name _____ KHSI ID _____ Registration # _____ | | | | | |
| **H. RUSH FEE** *(per each registration & transfer)* _____ | | 5.00 _____ | 7.00 _____ | *double fees* | |
| **I. EMERGENCY FAXES** *(per page)* _____ | | 3.00 _____ | *same* | *double fees* | |
| **J. SPECIAL HANDLING** | | *Call to order... Must provide credit card number* | | | |
| 1. UPS Overnight Delivery _____ | | *for direct payment to UPS* ___ *same* | | | |
| 2. Postal Overnight, USPS *(two-three day delivery)* ___ | | 33.00 _____ | *same* _____ | *same* | |
| 3. Priority Mail, USPS *(four-five day delivery)* ___ | | 11.00 _____ | _____ *same* | *Same* | |
| **K. 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* •

<span style="color:magenta">*Updated 12-20-2024*</span>

# 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: _____

---

# 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: _____