

U.S. TARGHEE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

Name _____ Breeder Flock # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone# _____ Alt Phone# _____ E-mail _____

Check one of the following:

Senior Member
 Non-Member
 Youth Member
 New Member Applying

| | Quantity | Member Price | Non-Member Price | Total Cost |
|---|----------|--|-------------------------------|------------|
| A. MEMBERSHIPS | | | | |
| 1. Lifetime Membership _____ | | 26.00 | xxx | |
| 2. Annual Fee (due with first registration of the year) _____ | | 0.00 | xxx | |
| B. REGISTRATIONS | | | | |
| *Check the box if you want these as a group registration | | | | |
| | | <input type="checkbox"/> Ewes | <input type="checkbox"/> Rams | |
| 1. Ram Registration (under two years of age) _____ | | 10.00 | 12.00 | |
| 2. Ewe Registration (under two years of age) _____ | | 7.00 | 10.00 | |
| 3. Ram Registration (over two years of age) _____ | | 15.00 | 15.00 | |
| 4. Ewe Registration (over two years of age) _____ | | 12.00 | 13.00 | |
| C. TRANSFERS | | | | |
| 1. 45 days and under (from the date of sale) _____ | | 6.00 | 10.00 | |
| 2. Over 45 days (from the date of sale) _____ | | 12.00 | 20.00 | |
| D. EXTENDED PEDIGREE (if not already provided on paper) | | | | |
| 1. Three Generation _____ | | 5.00 | 8.00 | |
| 2. Five Generation _____ | | 8.00 | 11.00 | |
| E. DUPLICATE CERTIFICATE _____ | | | | |
| | | 5.00 | 8.00 | |
| F. RUSH FEE (per each registration & transfer) _____ | | | | |
| | | Double Fees | same | |
| G. EMERGENCY FAXES/EMAILING DOCUMENTS (per page) _____ | | | | |
| | | 4.00 | same | |
| H. SPECIAL HANDLING | | | | |
| 1. UPS Overnight Delivery _____ | | Call to order... Must provide credit card number for direct payment to UPS | | |
| 2. Postal Overnight, USPS (two-three day delivery) _____ | | 33.00 | same | |
| 3. Priority Mail, USPS (four-five day delivery) _____ | | 11.00 | same | |
| I. 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)

were 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)

were 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: _____