

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) Send Due Payments To: Jackie McMartin, 111 Orion Ave, Pierre, SD 57501				
B. REGISTRATIONS				
<i>*Check the box if you want these as a group registration</i>		<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		Call to order... Must provide credit card number for direct payment to UPS _____	same	
1. UPS Overnight Delivery _____				
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

MAKE CHECKS PAYABLE TO: "USTSA"

• **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: _____