

AMERICAN HAMPSHIRE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Daytime _____
Phone # _____ Between 8-5

Alternate _____
Phone # _____

Phone # _____
to list on _____
website

Check one of the following:

Senior/Active Member

Junior Member
(until age 21)

Non-Member

New Member Applying

A. MEMBERSHIPS

1. New Senior Member _____
2. Annual Senior Dues (before April 30th) _____
7. Late Annual Senior Dues (After April 30th) _____
3. Lifetime Senior Member (price dependent on years of membership) _____
4. New Junior Member (date of birth ____ / ____ / ____) _____
5. Junior Dues (date of birth ____ / ____ / ____) _____
6. Multiple Juniors on One Account Dues _____

B. REGISTRATIONS

1. Animal under 12 months _____
2. Animal over 12 months _____

C. TRANSFERS

1. 90 days and under (from date of sale) _____
2. Over 90 days (from date of sale) _____

D. DUPLICATE CERTIFICATE

E. NAME CHANGE / CHRISTENING

F. RUSH FEE (per each registration & transfer)

G. NAILE HAMPSHIRE OPEN SHOW FEE (per each head)

H. DONATIONS

1. All American JR Show _____
2. Hampshire Showdown _____
3. Hampshire Scholarship _____
4. Hampshire Futurity _____

I. EMERGENCY FAXES / EMAIL DOCUMENTS (per page)

J. SPECIAL HANDLING

1. UPS/FedEX Overnight Delivery (est. cost \$60-\$100) _____
2. Express Priority Mail, USPS (two-three day delivery) _____
3. Priority Mail, USPS (four-five day delivery) _____

K. WEBSITE BREEDER LINK (per calendar year)

L. 11x17 PEDIGREE PEN CARDS (provide list of animals)

M. LAMBING BOOKS (maximum of two)

N. POSTAGE FOR AHSA STORE ITEMS

one item: 15.00 two or more: 30.00 _____

O. 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: _____
(Signature) Owner of ram at time of Mating: _____
(Signature)

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

Address: _____

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

was 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: _____
(Signature) Owner of ram / semen at time of Mating: _____
(Circle one) (Signature)

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: _____
(Signature) Owner of ram / semen at time of Mating: _____
(Circle one) (Signature)

Address: _____