# Australian White USA

## ARTIFICIAL INSEMINATION DECLARATION

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

I hereby certify that the following ewes:

Flock Prefix:____________________ Flock Tag #: ______________________ AWUSA # _______________

Flock Prefix:____________________ Flock Tag #: ______________________ AWUSA # _______________

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Flock Prefix:____________________ Flock Tag #: ______________________ AWUSA # _______________

Flock Prefix:____________________ Flock Tag #: ______________________ AWUSA # _______________

I _______________________ certify that the _____ ewes listed above were artificially inseminated with
*(Name of Licensed Veterinarian/Technician)* *(# of ewes)*

semen from _________________________/____________________ on ________/________/__________
*(Name & Tag # of Ram)* *(AWUSA Registration # of Ram)* *Date: (M/D/Y)*

Printed Name: ________________________________________________
*(Licensed Veterinarian/Technician)*

Signature:____________________________________________________ Date: ______/_______/______
*(Licensed Veterinarian/Technician)*

**• I, the owner or lessee, of the ewes, certify that all the information here is timely & accurate. •**

Owner of ewes at time of insemination: ________________________________ Date: ______/______/________
*(Signature)*

Lessee of ewes at time of insemination: ________________________________ Date: ______/______/________
*(Signature)*

**• THIS COMPLETED FORM MUST ACCOMPANY ANY REGISTRATION APPLICATIONS IF THE CONCEPTION WAS AI •**