

**Important**

1. Type or Print Legibly
2. Check your application for errors
3. Proper fees must accompany all work

**NATURAL COLOR WOOL GROWERS ASSOCIATION  
PR - PEDIGREE REGISTRATION APPLICATION**

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



Sr.Member#\_\_\_\_\_

Jr. Member# \_\_\_\_\_

Non-Member # \_\_\_\_\_

**BREEDER**  
(Owner of Dam at Time of Mating) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
ST. OR RT. \_\_\_\_\_

**OWNER**  
(Owner of Dam at Time of Birth) \_\_\_\_\_

**ADDRESS**  
St. or Rt. \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## ATTENTION

- Please sign as Dam or Sire  
Owner or Both
- Please Check Work  
for Accuracy.
- After Completion, Please Keep  
a Copy of this Form in Your File

**DATE**

**SIGNATURE OF OWNER OF DAM (time of lambing)**

## DAYTIME PHONE

**SIGNATURE OF OWNER OF RAM (time of mating)**

## Evening Phone

Applications completed by partnership must also bear signature of a person authorized to sign for account.

**FAX NUMBER**

Applications completed by partnership must also bear signature of a person authorized to sign for account.

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E-Mail:

*Signature above represents:  
"The information here is correct to the best of my knowledge and belief"*  
Updated 12/15/2025

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## 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: \_\_\_\_\_ Owner of ram/ semen at time of Mating: \_\_\_\_\_  
(Signature) (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 \_\_\_\_\_  
(Registration Number) (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: \_\_\_\_\_  
(Month, Day, Year)