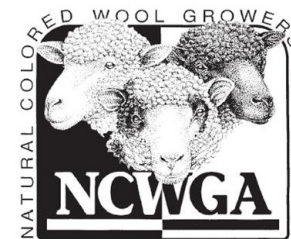


Important

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



Sr. Member# _____

Jr. Member# _____

Non-Member # _____

BREEDER

(Owner of Dam at Time of Mating) _____

ADDRESS

ST. OR RT. _____ CITY _____ ST _____ ZIP _____

OWNER

(Owner of Dam at Time of Birth) _____

ADDRESS

ST. OR RT. _____ CITY _____ ST _____ ZIP _____

Leave Blank For Office Use Only	1 Color	2 Sex	3 Name of Animal Private Flock Tag or Tattoo Number	4 Birth Type Sg, Tw, Tr	5 Breed Codes	6 Birthdate	7 - Sire		8 - Dam		9 - Transfer	
							Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag	Date of Sale	If sold, To Whom & Address (enclose transfer fee)
Sample	B	E	SWSC 25-01 Little Star	TW	06,27	2-27-25	123457	SWSC 24-01	123456	SWSC 23-01		

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 _____

DAYTIME PHONE _____

EVENING PHONE _____

FAX NUMBER _____

E-MAIL _____

SIGNATURE OF OWNER OF DAM (time of lambing) _____

SIGNATURE OF OWNER OF RAM (time of mating) _____

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

Signature above represents:

"The information here is correct to the best of my knowledge and belief"

Updated 12/15/2025

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: _____ 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: _____ 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: _____ 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: _____
(Month, Day, Year)