

**Important**

1. Type or Print Legibly
2. Lambs are mature after 12 months
3. Proper fees must accompany all work

## AMERICAN POLYPAY SHEEP ASSOCIATION REGISTRATION APPLICATION

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 Email: asregistry@gmail.com



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 Sex	2 Flock Prefix & Private Flock Tag or Tattoo Number	3 Birth Type Sg, Tw, Tr	4 Breeding Type Nat, AI, ET	5 Birthdate	6 - Sire		7 - Dam		8 - Dam Information			8 - Transfer	
						Registration Number	Name Private Flock Tag	Registration Number	Name Private Flock Tag	This birth # of Lambs Born/Weaned	Lifetime # of Lambs Born/Weaned	Lifetime # of Lamblings	Date of Sale	If sold, To Whom & Address (enclose transfer fee)
SAMPLE	E	HUBER 87-26	TW	NAT	2-27-02	23598	WILSON 50	19987	HUBER 85-23	3/2	13/10	5		

### ATTENTION

- Owner of Dam at time of lambing must sign this application.
- 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”***