AMERICAN POLYPAY SHEEP ASSOCIATION **Important** 1. Type or Print Legibly **REGISTRATION APPLICATION** 2. Lambs are mature after 12 months Phone: 785-456-8500 • PO Box 231 305 Lincoln Street Wamego, KS 66547 • Fax: 785-456-8599 • Email: asregistry@gmail.com 3. Proper fees must accompany all work BREEDER ____ (Owner of Dam at Time of Mating)_____ ADDRESS City ST Zip Member #_____ St. or Rt. OWNER (Owner of Dam at Time of Birth)_____ Non-Member #_____ Address ____City_____ST___Zip____ St. or Rt. **2** Flock Prefix & **7** - Dam 5 **6** - Sire 4 **8** - Dam Information **8** - Transfer Leave Blank Birth Breeding This birth Lifetime Lifetime of Lambs Hof Lambs Hof Lambs Date of Sale If sold, To Whom For Office Name Private Flock Tag or Registration Name Type Type Birthdate Registration & Address Use Only Private Flock Tag Born/Weaned Born/Weaned Lambings Private Flock Tag Number Tatoo Number Sg, Tw, Tr Nat, AI, ET Number (enclose transfer fee) TW Wilson 50 13/10 Sample Huber 87-26 Nat 2-27-02 23598 19987 Huber 85-23 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)____

Updated 9-1-11

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"