

AMERICAN HAMPSHIRE SHEEP ASSOCIATION

WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

☐ Senior/Active Member
 ☐ Junior Member (until age 19)
 ☐ Non-Member
 ☐ New Member Applying

A. MEMBERSHIPS	Quantity	Member Price	Non-Member Price	Total Cost
1. New Senior Member _____		25.00	xxx	
2. Annual Senior Dues _____		25.00	xxx	
3. New Junior Member (date of birth ____/____/____) _____		15.00	xxx	
4. Junior Dues (date of birth ____/____/____) _____		15.00	xxx	
5. Heartbeat Subscription (only if not Sr or Jr Member) _____		15.00	xxx	
6. Non-Member Dues (applicable only if registering animals) _____		xxx	20.00	
B. REGISTRATIONS				
<i>Post marked Sept 1- April 30</i>				
1. Animal under 12 months _____		4.00	8.00	
2. Animal over 12 months _____		8.00	16.00	
<i>Post marked May 1 - August 31</i>				
1. Animal under 12 months _____		6.00	12.00	
2. Animal over 12 months _____		12.00	24.00	
C. TRANSFERS				
1. Under 60 days (from date of sale) _____		5.00	same	
2. Over 60 days (from date of sale) _____		10.00	same	
3. Over 90 days (from date of sale) _____		15.00	same	
D. DUPLICATE CERTIFICATE _____		5.00	same	
E. NAME CHANGE / CHRISTENING _____		10.00	same	
F. RUSH FEE (per each registration & transfer) _____		5.00	same	
G. EMERGENCY FAXES / EMAIL DOCUMENTS (per page) _____		3.00	same	
H. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS		same
2. Postal Overnight, USPS (two-three day delivery) _____		19.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		5.50	same	
I. 11x17 PEDIGREE PEN CARDS (provide list of animals) _____		2.00	same	
J. NAILE (per head entered) _____		5.00	same	
K. ANNUAL FLOCK BOOK _____		25.00	same	
L. MEMO BOOKS _____		free upon request	same	
M. LAND OF LINCOLN (per animal - must send form for approval) _____		1.00	same	
N. OTHER FEES _____				

TOTAL FEES FROM ABOVE\$ _____

Previous Balance Due (please return invoice).....\$ _____

Previous Credit Due (please return invoice)\$ _____

TOTAL MONEY ENCLOSED — CHECK # _____ (cash or blank checks sent at own risk).....\$ _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

were 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: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

were 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: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

were 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) (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: _____
(Signature) (Circle one) (Signature)

Address: _____ Address: _____