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

Sr. Member#_____

Jr. Member #_____

Non-Member #_____

American North Country Cheviot Sheep Association
REGISTRATION APPLICATION

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

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 Tatoo Number	3 Birth Type Sg,Tw,Tr	4 Breeding Type Nat, AI, ET	5 Birthdate	6 - Sire Registration Number	6 - Sire Name Private Flock Tag	7 - Dam Registration Number	7 - Dam Name Private Flock Tag	8 - Transfer Date of Sale	8 - Transfer 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		

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"