

# AMERICAN HAMPSHIRE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 641-942-6402 • PO Box 51, 222 Main St - Milo, Iowa 50166 • Fax: 641-942-6502

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

	Quantity	Member Price	Non-Member Price	Total Cost
<b>A. MEMBERSHIPS</b>				
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>B. REGISTRATIONS</b>				
<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	
<b>C. TRANSFERS</b>				
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	
<b>D. DUPLICATE CERTIFICATE</b> _____		5.00	same	
<b>E. NAME CHANGE / CHRISTENING</b> _____		10.00	same	
<b>F. RUSH FEE</b> (per each registration & transfer) _____		5.00	same	
<b>G. EMERGENCY FAXES / EMAIL DOCUMENTS</b> (per page) _____		3.00	same	
<b>H. SPECIAL HANDLING</b>				
1. UPS Overnight Delivery _____		<i>Call to order... Must provide credit card number for direct payment to UPS</i>		
2. Postal Overnight, USPS (two day delivery) _____		18.30	same	
<b>I. 11x17 PEDIGREE PEN CARDS</b> (provide list of animals) _____		2.00	same	
<b>J. NAILE</b> (per head entered) _____		5.00	same	
<b>K. ANNUAL FLOCK BOOK</b> _____		25.00	same	
<b>L. MEMO BOOKS</b> _____		free upon request	same	
<b>M. LAND OF LINCOLN</b> (per animal - must send form for approval) _____		1.00	same	
<b>N. OTHER FEES</b> _____				

**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: \_\_\_\_\_