## **Breeding Certificate** \_\_\_\_\_ Registration # \_\_\_\_ were exposed to Ewes (List Ewe Names, Tag Numbers & Association Numbers) (Month, Day, Year) Owner of ewes at time of Mating:\_\_\_\_\_ Owner of ram at time of Mating:\_\_\_\_\_ Address: **Breeding Certificate** Registration#\_\_\_ This is to certify that Ram (Ram Name & Tag Number) were exposed to Ewes \_\_\_\_\_ (List Ewe Names, Tag Numbers & Association Numbers) from \_\_\_\_\_ (Month, Day, Year) Owner of ewes at time of Mating: Owner of ram at time of Mating: **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 # Technician Print Name: Date of Setvice: Technician Contact Number: Technician Signature: Owner of ewes at time of Mating: Owner of ram / semen at time of Mating:\_\_\_\_\_ **Embryo Transfer Certificate** Registration # \_\_\_\_\_(Ewe's Registration Number) This is to certify that Ewe \_\_\_\_\_ (Donor Ewe's Name & Tag Number) was flushed and \_\_\_\_\_eggs were recovered on \_\_\_\_\_\_bred to Ram \_\_\_\_\_\_(Ram Name & Tag Number) Registration # \_\_\_\_\_\_. eggs were implanted into recipient ewes on \_\_\_\_\_\_\_ (Month, Day, Year) Technician Print Name: Date of Setvice: Technician Signature: Technician Contact Number: Owner of ewes at time of Mating:\_\_\_\_\_ Owner of ram / semen at time of Mating:\_\_\_\_