

TEXEL SHEEP BREEDERS SOCIETY WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email: asregistry@gmail.com

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Senior Member
(18 years or older)

Junior Member
(under age 18)

New Member Applying

Please Note: You must be a member of TSBS to register animals. As a member you will receive the association newsletter, and will have the privilege to have your flock information listed on the TSBS website breeders directory, if paid on or before Match 1st of each year.

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. New Senior Member _____		25.00	
2. Annual Senior Dues _____		25.00	
3. Junior Dues (date of birth ___/___/___) _____		Free	
B. REGISTRATIONS			
1. Registered Purebred Ewes (under 12 months) _____		8.00	
2. Registered Purebred Ewes (over 12 months) _____		15.00	
3. Recorded Upgraded Ewes (under 12 months) _____		6.00	
4. Recorded Upgraded Ewes (over 12 months) _____		11.00	
5. Registered Purebred Rams (under 24 months) _____		16.00	
6. Registered Purebred Rams (over 24 months) _____		31.00	
7. Recorded Purebred Rams (under 24 months) _____		11.00	
8. Recorded Purebred Rams (over 24 months) _____		21.00	
C. TRANSFERS			
1. Up to 60 days (from date of sale) _____		6.00	
2. After 60 days (from date of sale) _____		11.00	
D. DUPLICATE CERTIFICATE _____			
		3.00	
E. NAME CHANGE / CHRISTENING _____			
		10.00	
F. RUSH FEE (per each registration & transfer) _____			
		Double	
G. EMERGENCY FAXES (per page - not including cover) _____			
		2.00	
H. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		33.00	
2. Postal Overnight, USPS (two-three day delivery) _____		11.00	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	
I. OTHER FEES _____			

*Call to order...
Must provide credit card number
for direct payment to UPS*

TOTAL FEES FROM ABOVE.....\$ _____

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

Previous Credit Due (please return invoice)\$ _____

TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ **OR CREDIT CARD #** _____

EXPIRATION DATE ON CARD _____ **THREE DIGIT CODE ON BACK OF CARD** _____

ZIP CODE OF BILLING ADDRESS _____ **SIGNATURE OF CARDHOLDER** _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• **ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS** •

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 were exposed to 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 Number)*
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: _____