ASBA Certificate of Service

FOR USE WHEN THE RAM IS NOT OWNED BY THE BREEDER OF THE ANIMAL TO BE RECORDED.

I HEREBY CERTIFY THAT:
The Ewe(s) with Registry Number(s):

_____

_____

_____

_____

_____

Given as the dam in this application was served in the time period of ____/____/20____ to ____/____/20____

by the Ram _____ ASBA # _____.
(name & flock tag)

Sign here:

_____
(Owner of Service Ram)

Mail this form along with application for registration to:
American Southdown Breeders' Association
P.O. Box 556
Otterbein, IN 47970

For internal use only.

Form #_____ **Date Received:** _____ **Approval:** **Exe. Sec.. ASBA**

AMERICAN SOUTHDOWN
SHEEP ASSOCIATION
P.O. Box 556
Otterbein, IN 47970
office (765) 237-2576
ann@southdownsheep.org

TRANSFER OF SEMEN CERTIFICATE

I hereby certify that the ownership of semen from the registered Southdown Ram:

Flock Name_____ Flock Number_____

Registration Number_____

Should be transferred to:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Date of Sale:_____

Quantity Straws: _____ Pellets: _____

Signature_____ **Date:**_____
(Valid, previous owner of ram or semen)

Comments:_____

For internal use only.

Form #_____ **Date Received:** _____ **Approval:** Exe. Sec.. ASBA

AMERICAN SOUTHDOWN SHEEP ASSOCIATION

P.O. Box 556
Otterbein, IN 47970
office (765) 237-2576
ann@southdownsheep.org

ARTIFICIAL INSEMINATION DECLARATION

I hereby certify that the following ewes:

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Flock Name_____Flock Number_____Registration Number_____

Ewes were artificially inseminated with _____ units/straws of semen from _____
(# used) *(flock name & no.)*

Registration number _____ on _____.
(date of service)

Owner of ewes at the time of insemination: _____Date: _____
(signature)

Comments:_____

_____

****A TRANSFER OF SEMEN CERTIFICATE FROM THE OWNER OF THE RAM MUST ACCOMPANY THIS FORM OR BE ON FILE AT THE ASBA OFFICE**

For internal use only.

Form #_____ Date Received: _____ Approval: Exe. Sec.. ASBA

AMERICAN SOUTHDOWN
SHEEP ASSOCIATION
P.O. Box 556
Otterbein, IN 47970
office (765) 237-2576
ann@southdownsheep.org

EMBRYO TRANSFER DECLARATION

I hereby certify that ewe _____, registration number _____ was
(flock name & number)

flushed on _____ and _____ eggs were recovered and bred to ram
(date-mmddyy) *(number)*

_____, registration number _____. Recipient ewes
(flock name & number)

were implanted with_____ eggs on _____.
(number) *(date-mmddyy)*

_____eggs were frozen for later use or sale.

Owner of ewe at time of service _____ Date:_____
(signature)

Owner of ram/semen at the time of service_____ Date:_____
(circle one) *(signature)*

Comments:_____
_____
_____
_____

For internal use only.

Form #_____ **Date Received:** _____ **Approval:** **Exe. Sec.. ASBA**

AMERICAN SOUTHDOWN SHEEP ASSOCIATION
P.O. Box 556
Otterbein, IN 47970
office (765) 237-2576
ann@southdownsheep.org

TRANSFER OF EMBRYO OWNERSHIP CERTIFICATE

THIS FORM MUST ACCOMPANY REGISTRATION APPLICATION

I hereby certify that _____ of Fresh/Implanted or _____ Frozen embryos from:
(number) *(number)*

Ewe _____, registration number _____.
(flock name & number) *(number)*

Ram _____, registration number _____. Were sold to
(flock name & number) *(number)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Sale: _____ Date of Implantation (if applicable): _____

Seller: _____

Seller Signature: _____

**** Note: If this is a resale of embryos previously purchased, then the form #_____ from the previous sale should be obtained from the ASBA office.**

For internal use only.

Form #_____ Date Received: _____ Approval: Exe. Sec.. ASBA