

# TEXEL SHEEP BREEDERS SOCIETY WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_ Website \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Check one of the following:

Senior Member  
(age 18 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
<b>A. MEMBERSHIPS</b>			
1. New Senior Member _____		25.00	
2. Annual Senior Dues _____		25.00	
3. Junior Dues (date of birth ____/____/____) _____		Free	
<b>B. REGISTRATIONS</b>			
1. Registered Purebred Ewes (under 12 months) _____		7.00	
2. Registered Purebred Ewes (over 12 months) _____		14.00	
3. Recorded Upgraded Ewes (under 12 months) _____		5.00	
4. Recorded Upgraded Ewes (over 12 months) _____		10.00	
5. Registered Purebred Rams (under 24 months) _____		15.00	
6. Registered Purebred Rams (over 24 months) _____		30.00	
7. Recorded Purebred Rams (under 24 months) _____		10.00	
8. Recorded Purebred Rams (over 24 months) _____		20.00	
<b>C. TRANSFERS</b>			
1. Under 60 days (from date of sale) _____		5.00	
2. Over 60 days (from date of sale) _____		10.00	
<b>D. DUPLICATE CERTIFICATE</b> _____		3.00	
<b>E. NAME CHANGE / RE-CHRISTENING</b> _____		10.00	
<b>F. RUSH FEE</b> (per each registration & transfer) _____		Double	
<b>G. EMERGENCY FAXES</b> (per page - not including cover) _____		2.00	
<b>H. SPECIAL HANDLING</b>			
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS	
2. Postal Overnight, USPS (two-three day delivery) _____		23.00	
3. Priority Mail, USPS (four-five day delivery) _____		6.50	
<b>I. 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: \_\_\_\_\_