

APPLICATION FOR REGISTRATION RECOGNITION

Use this form when BOTH parents or the sheep is registered in another recognized registry. Please attach COPIES of registration papers. If BOTH parents are registered with UHHSA, please use the Application for Registration form. If ONE or BOTH parents are not registered with UHHSA or another recognized Registry, use the Application for Open Registry Inspection form.

۱	oplicant Sheep	<u>Informa</u>	ation: (Check	all ar	eas that apply)								Rev. 9	9/23/13	
	Breed Division		☐ CO - CORSICAN												
	Breeder Flock	Prefix	Sheep Name (Limit 25 Characters)												
	Date of Birth Sex Ewe Ram Wether F					Birth	Birth Number S- Single TW- Twin TR- Triplet QD- Quad (4) QT- Quint (
	Color and Pat	Color and Pattern 7 - Blackbelly 8 - Lightbelly 9 - Mouflon Pattern 10 - Solid Color													
							orn Type					Horn Color (s) # of Hor			
							HW – Homonymous Web SW – Supracervical				racervical		olid (1 Color) Not Applicable	Check here if any are fused	
d	entification Information: None / No Identifiers – Skip to next section														
	Scrapie Farm ID			Ear L/R	Private Farm Tag Color / Number PLEASE supply ONLY if the tag is on animal	Ear L/R	Latton #		Microch Number and Location	r I	Codon Tes Results if kno Attach copy lab report	wn of REG	Other Unique/Ide INCLUDING (SISTRY NAME AI ACH a copy of Reg	OTHER ND NUMBER –	
					/						□ QQ □ Q □ RR	R			
Pe	digree Inform	rmation: Include all information known. Attach additional paper if necessary													
	Sire and Dam Information						er Registry Name & N stration Paper(s)	- Attach CO	Attach COPIES of Notes / 0		comments				
	Sire Name						•								
	Dam Name														
Breeder Information: Owner of ewe at time of conception. Unknown – Complete Previous Owner Section															
	Breeders Name						Farm Na								
Complete Address					Phone Num										
Previous Owner : If purchased from location that was not the breeder. \square N/A - purchased from a Breeder.															
Previous Owner										Farm Name		1	Phone		
Complete Address								Flock Prefix		Date Previous Owner Purchased (if known)					
[(certify that all	l informatio	on is accurate to	the bes	t of my knowledge and that a	ny sheep	o submitted for regis	stration	meets the U	HHSA	, Inc. Breed	Standards ar	nd registration requ	airements.	
	Applicant				Da	ate Shee	p Purchased		Far	m Nam	e		Flock Prefix		
	Complete Addre	ess			<u> </u>				Ema	ail					
	Phone Signature										Too	lay's Date			
For Office Use Only: Registrar Approval Date Submit Application, Clear and Close Photos of Left and Right Side of the sh Paper(s), and \$8.00 Payment to: UNITED HORNED HAIL UHHSA Registrar, P.O. Box 161, New Lebane											AIR SHE	EP ASSOC		Registration	