



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 UHHS, please use the Application for Registration form. If ONE or BOTH parents are not registered with UHHS or another recognized Registry, use the Application for Open Registry Inspection form.

Applicant Sheep Information: (Check all areas that apply)

Rev. 9/23/2013

Breed Division	<input type="checkbox"/> MH - Multi-horned Hair	FOR REGISTRAR USE - DO NOT COMPLETE:		Registration Class	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E					
Breeder Flock Prefix	Sheep Name (Limit 25 Characters)													
Date of Birth	Sex	<input type="checkbox"/> Ewe	<input type="checkbox"/> Ram	<input type="checkbox"/> Wether	Birth Number	<input type="checkbox"/> S- Single	<input type="checkbox"/> TW- Twin	<input type="checkbox"/> TR- Triplet	<input type="checkbox"/> QD- Quad (4)	<input type="checkbox"/> QT- Quint (5)				
Color(s)	<input type="checkbox"/> WHT - White		<input type="checkbox"/> BLK - Black		<input type="checkbox"/> BUF - Buff		<input type="checkbox"/> CHM - Champagne		<input type="checkbox"/> CPR - Copper		<input type="checkbox"/> TPE - Taupe		<input type="checkbox"/> CHL - Charcoal	
	<input type="checkbox"/> SBL - Sable		<input type="checkbox"/> FWN - Fawn		<input type="checkbox"/> CHO - Chocolate		<input type="checkbox"/> CIN - Cinnamon		<input type="checkbox"/> MHG - Mahogany		<input type="checkbox"/> RED - Red		<input type="checkbox"/> N/A (Mouflon/Corsican)	
IF Applicable		<input type="checkbox"/> TF - Ticking / Freckling			<input type="checkbox"/> FR - Frosting / Roaning			<input type="checkbox"/> BT - Both Ticking / Freckling & Frosting / Roaning						
Pattern Category	Select for best description	<input type="checkbox"/> 1 - Flashy / Loud		<input type="checkbox"/> 2 - Medium Flashy		<input type="checkbox"/> 3 - Medium		<input type="checkbox"/> 4 - Medium Minimal		<input type="checkbox"/> 5 - Minimal		<input type="checkbox"/> 7 - Black Belly		
		<input type="checkbox"/> 8 - Light Belly		<input type="checkbox"/> 9 - Mouflon Pattern		<input type="checkbox"/> 10 - Solid Color		<input type="checkbox"/> 11 - Two Tone <i>Lighter Face and/or lower areas</i>						
Ear Type		Horn Type						Horn Color (s)		# of Horns				
<input type="checkbox"/> N - Normal		<input type="checkbox"/> IM - Immature Lamb		<input type="checkbox"/> PE - Polled Ewe		<input type="checkbox"/> HE - Horned Ewe		<input type="checkbox"/> SE - Ewe w/ Scurs		<input type="checkbox"/> S- Solid - 1 Color		<input type="checkbox"/> Check here if any are fused		
<input type="checkbox"/> E - Elf		<input type="checkbox"/> MH - Multiple Horns (Complete # of Horns Section)				<input type="checkbox"/> SH - Supracervical		<input type="checkbox"/> HH - Homonymous		<input type="checkbox"/> V- Variegated - 2 Colors				
<input type="checkbox"/> G - Gopher		<input type="checkbox"/> WH - Webbed (Not otherwise Specified)				<input type="checkbox"/> HW - Homonymous Web		<input type="checkbox"/> SW - Supracervical Web		<input type="checkbox"/> N/A - Not Applicable				

Identification Information: None / No Identifiers - Skip to next section

Scrapie Farm ID	Scrapie Tag Number PLEASE supply ONLY if the tag is on animal	Ear L/R	Private Farm Tag Color / Number PLEASE supply ONLY if the tag is on animal	Ear L/R	Tattoo #	Ear L/R	Microchip Number and Location	Codon Test Results if known - Attach copy of lab report	Any Other Unique/Identifying Traits INCLUDING OTHER REGISTRY NAME AND NUMBER - ATTACH a copy of Registration Papers
			/					<input type="checkbox"/> QQ <input type="checkbox"/> QR <input type="checkbox"/> RR	

Pedigree Information: Include all information known. Attach additional paper if necessary

Sire and Dam Information	Other Registry Name & Number - Attach COPIES of Registration Paper(s)	Notes / Comments
Sire Name		
Dam Name		

Breeder Information: Owner of ewe at time of conception. Unknown - Complete Previous Owner Section

Breeders Name	Farm Name	
Complete Address	Phone Number	

Previous Owner: If purchased from location that was not the breeder. N/A - purchased from a Breeder.

Previous Owner	Farm Name	Phone	
Complete Address	Flock Prefix	Date Previous Owner Purchased (if known)	

I certify... that all information is accurate to the best of my knowledge and that any sheep submitted for registration meets the UHHS, Inc. Breed Standards and registration requirements.

Applicant	Date Sheep Purchased	Farm Name	Flock Prefix
Complete Address	Email		
Phone	Signature	Today's Date	

For Office Use Only: Registrar Approval Date		Submit Application, Clear and Close Photos of Left and Right Side of the sheep, any necessary COPIES of Registration Paper(s), and \$8.00 Payment to: UNITED HORNED HAIR SHEEP ASSOCIATION, UHHS Registrar, P.O. Box 161, New Lebanon, OH 45345
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