

APPLICATION FOR OPEN REGISTRY INSPECTION

Use this form when ONE or BOTH Parents are not registered with UHHSA. If BOTH parents are registered with UHHSA, please use the Application for Registration form. If BOTH parents or the sheep are registered with another recognized registry, use the Application for Registration Recognition.

Applicant Sheep Information: (Check all areas that apply)											Rev. 1/1/14							
Breed Divis	CO - CORSICAN								For Office Use: Approval Date									
Breeder Flock		ep Nam	e (Limi	it 25 Characters)														
Date of Birth		Sex		Ewe [Ram	☐ Wetl		Birth Number		Single	TW- T	win] TR- Trip	let 🗌 (QD- Quad	1 (4)	QT- Quint (5)	
Color and Pattern 7 - Blackbelly 8 - Lightbelly 9 - Mouflon Pattern 10 - Solid Color																		
Ear Type N – Normal IM – Immature Lamb PE -						Horn Type E – Polled Ewe HE – Horned								Color (s)	(s) # of Horns			
☐ N – Normal ☐ E – Elf ☐ G – Gopher		orviced UL Homonymous US-So						lid (1 Color) -Not Applicable Check here if any are fused										
d <u>entification In</u>	<u>formati</u>	on - 🔲 N	None / N		tifiers – S		ext sec	tion										
Scrapie Farm ID	Scrapie Tag # ONLY if on Sheep		Ear L/R	('olor / Number		ber	Ear L/R	Tattoo #			ficrochip Number and Location		Codon Test Results Attach copy of lab rep					
					/								☐ QQ [☐ RR [] QR]Unkn	own			
Pedigree Information: Include all information known. Attach a separate sheet if necessary.																		
Sire and Dam Information									s registered with UHHSA provide the Registration Number. If one Parent is registered with another istry please provide the Registration Number and Name of Registry and copy of Registration Papers									
Sire Name								Toeoginiou Tegior	zy preuse	provide	o the region			01 110	giotzy uniu	оору от 1	egistration 1 apers	
Dam Name																		_
Breeder Information: Owner of ewe at time of conception. Unknown – Complete Previous Owner Section																		
Breeder Nam	ie								Breeder Flock Pref			Prefix	– if kno	own				
Complete Address										Phone 3			e Numbe	r				
revious Owner	: If purc	hased from i	ndividu	al/sale	that was i	not the b	reeder	. N/A - pur	chased	from a	Breeder.							
Previous Own	ner						Farm Nan			me				none				
Complete Address								Flock Prefix					Date Previous Owner Purchased (if known)					
certify that all information is accurate to the best of my knowledge and that any sheep submitted for registration meets the UHHSA, Inc., Registration Requirements.																		
Applicant		Date S						e Sheep Purchased	Sheep Purchased			Farm Name		Flock		k Prefix		
Complete Addre	ess								·			Email						
Phone	•		Signat	ure									Toda	y's Date	:			
Submit Application, and other additional documentation required and clear and close photos – one of each side of the sheep (4 photos – showing tail length and any horns), with \$16.00 Payment to: UNITED HORNED HAIR SHEEP ASSOCIATION, Open Registry Inspection Committee, 10416 FM 1511, Buffalo, Texas 75831 Phone: 281-468-7744																		
** I certify that I an eligible for a QUANTITY DISCOUNT (submitting and paying for 5 or more Inspections at one time). I am submitting \$8.00 for each Inspection ** I certify that I an eligible for a NEW BREED DIVISION DISCOUNT (Inspecting in sheep within 1 year of division addition). I am submitting \$8.00 for each Inspection.																		