

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.

Ap	plicant Sheep	o Infor	mation:	(Check	all are	eas that apply)								Rev.	9/23/13
Breed Division			TD – TEXAS DALL												
Breeder Flock Prefix		Prefix	Sheep Name (Limit 25 Characters)												
	Date of Birth			Sex	_ Ewe	e Ram Wether	Birt	th Number	S-Sin	ngle 🗌 TW-	Twin [TR- Tri	plet 🗌 (QD- Quad (4)	QT- Quint (5)
Color			☐ WHT - White					Pattern Category ☐ 10 – Solid, no spots							
Ear Type							forn Type						n Color (s)	# of Horns	
N – Normal		l	☐ IM – Immature Lamb ☐ PE – Polled Ewe								SE – Ewe w/ Scurs SH – Supracervical			id (1 Color)	
	□ E – Elf□ G – Gopher					s (complete # of Horns sect otherwise distinguished)	,	HH − Homo V − Homonymou		s ∐SH- □SW-Su				Not Applicable	Check here if any are fused
Ide	entification Ir					No Identifiers – Skip to ne			S WED	<u> </u>	pracervic	ai web			if any are fused
Scrapie Scrap Farm ID PLEA		Scrap PLEAS	oie Tag Number SE supply ONLY 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	Resul – Atta	don Test ts if knowr ach copy of o report	n REG	Other Unique/Id INCLUDING ISTRY NAME A CH a copy of Re	OTHER ND NUMBER –
						/					Q R	Q 🗌 QR R			
Pe	Pedigree Information: Include all information known. Attach additional paper if necessary Other Registry Name & Number - Attach COPIES of Nets / Comments														
	Sire and Dam Information						Registration Paper(s)			- Attach COLL	Notes / Co		ments		
	Sire Name														
	Dam Name														
Breeder Information: Owner of ewe at time of conception. Unknown – Complete Previous Owner Section															
Breeders Name										Farm N	lame				
Complete Address										Phone Numbe					
Pr	evious Owner	:: If pur	chased fro	om locati	ion tha	t was not the breeder.] N/A	- purchased from	m a Bree	eder.					
	Previous Owner									Farm Na	Farm Name			hone	
	Complete Address								Flock Prefix			Date Previous Owner Purchased (if known)			
Ιc	ertify that al	l inform	ation is acc	urate to t	the best	of my knowledge and that an	y sheep	submitted for reg	istration	meets the UH	HSA, Inc	. Breed Reş	gistration l	Requirements.	
Applicant			Date					e Sheep Purchased			Farm Name		Flock Prefix		
	Complete Address						E			Email					
	Phone Signature					To					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, UHHSA Registrar, P.O. Box 161, New Lebanon, OH 45345												Registration		