



North American Babydoll Southdown Sheep association and Registry

CERTIFICATE OF ARTIFICIAL INSEMINATION &/or EMBRYO TRANSFER BREEDING

NABSSAR, 420A Lincoln St, PO Box 231, Wamego, KS 66547

Telephone: 785-465-8500 • Fax: 785-465-8599

A Certificate of Artificial Insemination &/or Embryo Transfer Breeding must be submitted as part of required documentation when registering sheep under the following circumstances:

All artificial insemination procedures, including embryo transplant, are done in full compliance with USDA (& other countries, as applies) rules and lambs are applying to be registered.

NOTE: ONLY NABSSAR registered rams & ewes may be used for semen and embryo donation. (International members contact us at nabssar@yahoo.com for information on suitable donors.)

Include copies of the NABSSAR CoRs of sires and dams when registering AI lambs.

A. This is to certify on (date) _____, I (sign on page 2) collected semen from the following ram(s):

Name of Ram	Identification # (ear tag)	NABSSAR CoR #	Country of Origin

B. This is to certify on (date) _____, I (sign on page 2) performed artificial insemination on the following ewe(s), with semen from the following ram:

Name of Ram	Identification # (ear tag)	NABSSAR CoR #	Country of Origin

C. This is to certify on (date) _____, I (sign on page 3) collected embryos from the following ewe(s):

Name of Ewe	Identification # (ear tag)	NABSSAR CoR #	Country of Origin



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Page 2 of 3 - CERTIFICATE OF ARTIFICIAL INSEMINATION &/or EMBRYO TRANSFER BREEDING

D. This is to certify on (date) _____, I (sign on page 3) transferred embryos from the following donor ewes to the following surrogate ewe(s):

Donor Ewe NABSSAR CoR #	Donor Ewe NABSSAR CoR #	Surrogate Ewe ID	Date of Lambing

A.

Signature of Artificial Insemination Technician

e-mail address

Printed Name of Artificial Insemination Technician

Telephone

#, Street, City, State, Zip, Country

B.

Signature of Artificial Insemination Technician

e-mail address

Printed Name of Artificial Insemination Technician

Telephone

#, Street, City, State, Zip, Country



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BREEDING**

Page 3 of 3 - CERTIFICATE OF ARTIFICIAL INSEMINATION &/or EMBRYO TRANSFER BREEDING

C.

Signature of Artificial Insemination Technician

e-mail address

Printed Name of Artificial Insemination Technician

Telephone

#, Street, City, State, Zip, Country

D.

Signature of Artificial Insemination Technician

e-mail address

Printed Name of Artificial Insemination Technician

Telephone

#, Street, City, State, Zip, Country

Signature of Ewe Owner (the ewe giving birth)

e-mail address

Printed Name of Ewe Owner

Telephone

#, Street, City, State, Zip, Country