



**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](mailto: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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**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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**C.**

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**Signature of Artificial Insemination Technician**

e-mail address

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Printed Name of Artificial Insemination Technician

Telephone

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#, Street, City, State, Zip, Country

**D.**

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**Signature of Artificial Insemination Technician**

e-mail address

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Printed Name of Artificial Insemination Technician

Telephone

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#, Street, City, State, Zip, Country

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**Signature of Ewe Owner (the ewe giving birth)**

e-mail address

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Printed Name of Ewe Owner

Telephone

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#, Street, City, State, Zip, Country