



AMERICAN MULEFOOT BREEDERS ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln • Wamego, KS 66547

Fax: 785-456-8599 • asregistry@gmail.com

Name _____ Membership # _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Website _____
 Daytime Phone # _____ Alternate Phone # _____ Date _____
Between 8-5

Check one of the following:

Breeder Youth Supporter Non-Member

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. New Breeder Member _____		25.00	
2. Annual Breeder Dues _____		25.00	
3. New Youth Member (date of birth ____/____/____) _____		10.00	
4. Youth Dues (date of birth ____/____/____) _____		10.00	
5. Supporter Dues _____		20.00	
B. REGISTRATIONS			
1. Animal under 4 months _____		10.00	
2. Animal over 4 months _____		25.00	
3. Litter _____		25.00	
4. 4-H animal _____		5.00	
C. REGISTRATION WITH TRANSFER (done at the time of registration) _____		15.00	
D. TRANSFERS _____		10.00	
E. DUPLICATE CERTIFICATE _____		5.00	
F. RUSH FEE (per each registration & transfer) _____		5.00	
G. EMERGENCY FAXES / EMAIL DOCUMENTS (per page) _____		3.00	
H. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		Call for pricing	
2. Postal Overnight, USPS (two-three day delivery) _____		24.00	
3. Priority Mail, USPS (four-five day delivery) _____		7.00	
I. OTHER FEES _____			

TOTAL FEES FROM ABOVE \$ _____
Previous Balance Due (please return invoice)..... \$ _____
Previous Credit Due (please return invoice)..... \$ _____
TOTAL AMOUNT DUE \$ _____

PAYMENT BY CREDIT CARD # _____
EXPIRATION DATE ON CARD _____ **THREE DIGIT CODE ON BACK OF CARD** _____
ZIP CODE OF BILLING ADDRESS _____ **SIGNATURE OF CARDHOLDER** _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• **ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS** •

Breeding Certificate

This is to certify that Boar _____ Registration # _____
(Boar Name & Tag Number) (Registration Number)

were exposed to Sows _____
(List Sows Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of sows at time of Mating: _____ Owner of boar at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Breeding Certificate

This is to certify that Boar _____ Registration # _____
(Boar Name & Tag Number) (Registration Number)

were exposed to Sows _____
(List Sow Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of sows at time of Mating: _____ Owner of boar at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Artificial Insemination Certificate

This is to certify that Sows _____
(List Sow Names, Tag Numbers & Association Numbers)

were AI'd with _____ units/straws of semen from Boar _____ Registration # _____
(# used) (Boar Name & Tag Number) (Registration #)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of sows at time of Mating: _____ Owner of boar / semen at time of Mating: _____
(Signature) (Circle one) (Signature)

Address: _____ Address: _____

Embryo Transfer Certificate

This is to certify that Sow _____ Registration # _____
(Donor Sow's Name & Tag Number) (Sow's Registration Number)

was flushed and _____ eggs were recovered on _____ bred to Boar _____
(# eggs) (Month, Day, Year) (Boar Name & Tag Number)

Registration # _____ eggs were implanted into recipient sows on _____
(Boar's Registration Number) (# eggs) (Month, Day, Year)

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of sows at time of Mating: _____ Owner of boar / semen at time of Mating: _____
(Signature) (Circle one) (Signature)

Address: _____ Address: _____