

JSBA BUSINESS OFFICE
 83136 Rattlesnake Road
 Dexter, OR 97431
 (541) 747-6149
 kenleighacres@yahoo.com

Send completed forms to the business office.
 Please make copies as needed,
 using both sides of a single sheet.

For Office Use - do not write above this line

**Jacob Sheep Breeders Association
 Registration Application**



Owner Name: _____ Flock #: _____ Flock Name: _____

Check here if NOT currently a JSBA member

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Telephone number(s) & best time to call: _____

Animal Name: _____ ID/Tag # _____
 (Prefix first - do not abbreviate)

A completed Breeding Certificate (on back of this form) must be signed by the owner of the ram when a bred ewe is sold and the progeny of this breeding is being submitted for registration, OR if your ewe is bred to a ram that you do not own.

Bred by/Owner of ewe at time of mating: _____ Flock #: _____

Select One	
Ram	Ewe

Date of Birth
____/____/____

Select one		
Single	Twin	Triplet





Flock Prefix (do not abbreviate)	Given Name	JSBA Registration No.	Breeder's Name
_____	_____	*	_____
Sire name: _____	_____	_____	_____
Sire's Sire: _____	_____	_____	_____
Sire's Dam: _____	_____	_____	_____
Dam Name: _____	_____	_____	_____
Dam's Sire: _____	_____	_____	_____
Dam's Dam: _____	_____	_____	_____

***Progeny from failed rams cannot be registered**

ANIMAL DESCRIPTION

Body/Wool Coloration: _____%Black OR _____%Lilac

HORNS			
___2___4___5___6			
Complete below if more than two horns			
Check if appropriate			
No. of horns:	No. which are scurs:	Flesh between horns:	Fused full length of horn:
Left: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Right: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

EYES		
Examine upper eyelids & mark appropriate line for each eye		
Type 1: Normal	Left: _____	Right: _____
	_____	_____
Type 2: Slight break/notch	Left: _____	Right: _____
	_____	_____
Type 3: Split eyelid, often tufted	Left: _____	Right: _____
	_____	_____
Type 4: Split, often cloudy/opaque eye	Left: _____	Right: _____
	_____	_____

PHOTOGRAPHS

A minimum of 2 photographs must clearly show full face and horns, complete right side, complete left side and rear-end view of the sheep. If submitting digital photos, print on photo quality paper. Submit 2 sets of photos, labeled with your name and sheep's name. Staple photos to form where indicated. Please arrange photos so that two different views are visible. Don't cover the box for inspectors' signatures and comments. Photo must be submitted even if the animal was inspected on-site.

Ram photo date: _____

**Staple 1st set of photographs here
left side on top**

Ram Fleece: Take a wool sample (about 1" square) from the middle of the side as shown in the diagram. Place it in a small plastic bag and staple to the left side of the form where indicated.

Sample is _____ months growth.



Attach ram fleece sample here

CERTIFICATION

I certify that the information on this registration form is correct.

Signature of owner/breeder: _____ Date: _____

BREEDING CERTIFICATE

**Staple 2nd set of photographs here
right side on top**

Complete only if you purchased bred ewes or do not own the sire

This is to certify that the ewe (reg. # and name): _____

was exposed to the ram (reg. # and name) _____

from (indicate dates of exposure): _____ To: _____

Owner of ewe at time of breeding: _____

Address: _____

Signature: _____ Date: _____

Owner of ram: _____

Address: _____

Signature: _____ Date: _____

Fee Paid: Yes No

Check here if on-site inspected

FOR OFFICE USE ONLY

NO PHOTOS BELOW THIS LINE

Inspector 1: _____ Date: _____ Pass Fail

Comments: _____ Append. Cert. Ewe

Inspector 2: _____ Date: _____ Pass Fail

Comments: _____ Append. Cert. Ewe

Inspector 3: _____ Date: _____ Pass Fail

Comments: _____ Append. Cert. Ewe