



AMERICAN SHROPSHIRE REGISTRY ASSOCIATION, INC

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EMBRYO TRANSFER FLUSH FORM

I hereby certify that ewe _____ was flushed on
Name, number, reg #

_____ and bred to ram _____
Date Name, number, reg #

and _____ eggs were recovered.
number

Recipient ewes were implanted with _____ eggs on _____
number Date

and/or _____ eggs were frozen on _____
number Date

If applicable: I sold _____ eggs of this flush to _____ of
number Breeder Name

_____ on _____
Town & State Date

Technician Information:

Name: _____ Signature: _____

Mailing address _____

_____ Phone: _____

Owner of Ewe at time of Service: _____ Date: _____
Signature

Owner of Ram/Semen at time of Service _____ Date: _____
Signature

Please mail completed form to the ASRA office at time of embryo collection or sale of embryos. If embryos are sold after the time of flush and a completed flush form is already on file with the ASRA office, then the only signature required with that form submission will be the owner of the ewe at the time of service as the other signatures are already on file with the initial flush form.