

Date: \_\_\_\_\_ Member No: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

# American Coopworth Registry

## REGISTRATION FORM

ACR, Secretary  
 82 Sproul Hill Road  
 Bristol, ME 04539  
 Phone: 207-563-5851  
 Email: info@AmericanCoopworthRegistry.org

ACR, Registrar  
 15603 173rd Avenue  
 Milo, IA 50166  
 Phone: 641-942-6402  
 Fax: 641-942-6502

	1	2	3 & 4	5	6	7	8	9
Leave Blank	Sex R / E	Private ID	Birth Date & Type	Color	Sire Information	Dam Information	PD <input checked="" type="checkbox"/>	Transfers
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name & Address of New Owner
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr
			____/____/____ S Tw Tr	W W/N N	Name/ Priv ID ACR No            Color W W/N N	Name/ Priv ID ACR No            Color W W/N N	<input type="checkbox"/>	Date Sold Name Addr

**When registering animals from different Breeders,  
 please use a separate form for each Breeder.**

All registration forms must be validated by the signature of the owner. A Work Order & Fee Schedule, along with the appropriate fees, must accompany all requests for registration.

**Please make checks payable to ACR**  
[www.AmericanCoopworthRegistry.org](http://www.AmericanCoopworthRegistry.org)

Owner: \_\_\_\_\_  
 Signature (owner of dam at time of lambing)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Breeder: \_\_\_\_\_  
 (owner of dam at time of mating)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_