

Send application and payment to:
 ACR/accuRegister phone: 724-843-2084
 1039 State Route 168 fax: 724-891-1440
 Darlington, PA 16115 email: ACR@accuRegister.com

American Coopworth Registry

APPLICATION FOR REGISTRATION

USE THIS FORM TO REGISTER PUREBRED COOPWORTHS

Page ____ of ____

For Office Use Only
 Date: _____
 Check: _____

Please make checks payable to ACR

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

Please print clearly in ink and check your work for accuracy. Incomplete applications cannot be processed.
 The "Breeder" is the owner of the dam at the time of mating.
 The "Owner" is the owner of the dam at the time of lambing.
 No animal over 2 years old may be registered without Board approval.
 You must submit a Lamb Report before registering PD lambs.

Color Codes:
 W – white fleeced animal with no known natural colored heritage
 W/N – white fleeced animal with natural colored heritage
 N – animal with natural colored (NON-white) fleece

Applicant _____ Member# _____

Farm Name _____

Address _____

City, ST Zip _____

Phone _____ Email _____

If you are not the breeder please attach a **Breeder Declaration**. If lambs are a result of AI breeding please attach a **Certificate of AI Breeding**.

I certify this information to be correct and that these animals meet ACR eligibility requirements and the Breed Standard.

Signature _____

Date _____