

Entry Information

Cooperator: _____

Phone Number: _____

Address: _____

Town/Zip: _____

Email: _____

Date: _____

Note: Please address mail to: Bob Stobart, Animal Science Dept.
Dept 3648, 1000 E, University Ave, Laramie, WY 82071

Rambouillet Breeders: Please circle the rams below you want entered in the Certified Sire Program:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 ALL RAMS LISTED

Please indicate all vaccinations rams have received, as well as date of last hoof trimming:

Vaccinated for _____ Date: _____

Vaccinated for _____ Date: _____

Vaccinated for _____ Date: _____

Drenched ____ Yes ____ No Date: _____

Hooves Trimmed ____ Yes ____ No Date: _____