WHITE FACE RAM SIRE TEST

ENTRY INFORMATION

Cooperator: Phone Number:

Address: City/State/Zip:

 Email:

Date:

Note: Please address mail to: Kalli Koepke, Laramie Research and Extension Center, Sheep Unit Manager

 470 Hwy 230, Laramie, WY 82070

Rambouillet Breeders: Please circle the number of 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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Flock Tag** | **Reg. No** | **Scrapie Tag No.** | **Breed** | **Birth Date (MM/DD/YY)** | **Type of Birth** | **Polled/ Horned** | **Sire Tag.** | **Sire Reg. No** | **Dam Tag** | **Dam Reg. No.** | **Dam****Birth Date** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |