

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: _____

