

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: \_\_\_\_\_

