



Purebred Sheep Breeders' Association of Nova Scotia
Atlantic Sheep Sale

Registered **Ram** Entry Form

Consignor: _____ Phone: _____
Address: _____ Postal Code: _____
Email: _____

1. Breed: _____ Animal Name: _____
Tattoo // Tag #: _____ CSIP # (all 9 Numbers) _____
Age: _____ Birth Date (m / d / y): _____ S / Tw / Tr. _____
Sire: _____ Dam: _____
Performance Records: 100 day Adj Wt: _____ kg EPD: _____ kg
Scrapie Genotype: _____ Additional Information: _____

2. Breed: _____ Animal Name: _____
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