



Purebred Sheep Breeders' Association of Nova Scotia
Atlantic Sheep Sale

Registered Ram Entry Form

Consignor: _____	Phone: _____
Fax: _____	Address: _____
_____	Postal Code: _____

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: _____

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: _____

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