



Purebred Sheep Breeders' Association of Nova Scotia Atlantic Sheep Sale

Registered **Ewe** Entry Form

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

Lot #: _____ Breed: _____ Animal's Name: _____

Tattoo // Tag #: _____ CSIP # (9 Numbers required) _____

Age: _____ Birth Date (m / d / y): _____ S / Tw / Tr. _____

Sire: _____ Dam: _____

Performance Records: 100 day Adj Wt: _____ kg EPD _____ kg

Scrapie Genotype: _____ Additional Information: _____

Lot #: _____ Breed: _____ Animal Name: _____

Tattoo // Tag #: _____ CSIP # (9 Numbers required) _____

Age: _____ Birth Date (m / d / y): _____ S / Tw / Tr. _____

Sire: _____ Dam: _____

Performance Records: 100 day Adj Wt: _____ kg EPD: _____ kg

Scrapie Genotype: _____ Additional Information: _____

Mail To →

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