

CONVERSE COUNTY 4H-FFA BREEDING SHEEP OWNERSHIP I.D. CERTIFICATE

THIS FORM DUE BY JUNE 1st

Provide two pictures of animal
Return completed Form to Kellynne Doyle
Email- kdoyle6@uwyo.edu

Member's Name

Common Call Name of Sheep

Mailing Address

Registered or Grade

City/State/Zip code

Phone #

Sheep's Birthdate (MM/DD/YYYY) Male or Female

Owner's Name

Name of 4-H Club/FFA Chapter

If registered, name and registration number of:

Breed _____

Sire _____

Dam _____

Individual Tag #

Scrapies Tag Premise #

Identification of Animal: _____

- Brands, color, markings, notches, scars, tattoos, etc. Identify as thoroughly as possible.

When was animal acquired for project (MM/DD/YYYY)? _____

When was animal in your possession for project (MM/DD/YYYY)? _____

Member Signature

Date

Parent/Guardian Signature

I certify that this is a 4H-FFA project this year and that the above information is correct to the best of my knowledge.