

ASSOCIATION NAME: _____

General Information		Supervisor's Last Monthly Inventory		Sheep Inventory		Lamb Inventory		Date of Inspection
Member's Name	Member's Signature	Ewes	Lambs	Ewes Lambled	Ewes Yet to Lamb	Marked/ Tagged	Dead	

Use the appendix for comments.

CERTIFICATION: I certify I have physically inspected the sheep and the number and type of sheep stated above is correct and they all carry the mark and tag indicated.

 Local Supervisor Signature or designate

 Date

FORM AND APPENDIX MUST BE RETURNED BY JUNE 15, 20__

