SHEEP IDENTIFICATION FORM
Meadowlark Extension District #7
Due Back To The Extension Office: June 1st
Please Attach Photos to Back Side

Family Name: ___________________________________________  Phone Number: __________________________________________

Club Name: _____________________________________________ Family Email: __________________________________________

Date Tagged: ________________ (tag animal with button inside of left ear & large number side towards rear of animal)  □ PAID

Scrapie Tag #

#1
Tag Number: ________________ Name of 4-Her: ________________ Breed: ________________ Description

☐ Breeding  ☐ Market  ☐ Male  ☐ Female  & Markings______________

#2
Tag Number: ________________ Name of 4-Her: ________________ Breed: ________________ Description

☐ Breeding  ☐ Market  ☐ Male  ☐ Female  & Markings______________

#3
Tag Number: ________________ Name of 4-Her: ________________ Breed: ________________ Description

☐ Breeding  ☐ Market  ☐ Male  ☐ Female  & Markings______________

#4
Tag Number: ________________ Name of 4-Her: ________________ Breed: ________________ Description

☐ Breeding  ☐ Market  ☐ Male  ☐ Female  & Markings______________

I certify that the above information is correct: ________________________________ (4-Her Signature)

(OVER to attach a PHOTO of each animal, showing tag)
Please attach the photos to this page with a body/head shot with the ear tags showing.
The tags need to be readable in the animal’s ear.