

SHEEP WEIGH IN
(please fill out this form before weighing your animal)

Exhibitor name _____ 4-H or FFA? _____

I attest to the validity of information provided:

Signature of Member or Parent or Guardian _____

Date _____

Sheep
#1

Office Use:

Tag Number _____ Weight _____

Breed _____ Sex _____ Color _____

Birthdate of Animal _____ Name of Animal _____

Breeder name _____ **Address** _____

City _____ State _____ Zip _____

Email address _____ Phone number _____

Sheep
#2

Office Use:

Tag Number _____ Weight _____

Breed _____ Sex _____ Color _____

Birthdate of Animal _____ Name of Animal _____

Breeder name _____ **Address** _____

City _____ State _____ Zip _____

Email address _____ Phone number _____

Revised 12/2018