



BREEDING SHEEP

DOUGLAS-SARPY COUNTIES IDENTIFICATION SHEET

DEADLINE: JUNE 15

Last Name: _____

First name(s): _____

Age (Jan 1): _____

4-H Club _____

Age (Jan 1): _____

PREMISE ID #: _____

Age (Jan 1): _____

Age (Jan 1): _____

BREED	SEX (M/F)	DATE BORN (MM/DD/YY)	OFFICIAL USDA SCRAPIES TAG EX: NE1234-5678 REQUIRED	R TAG L CIRCLE "RIGHT" or "LEFT"	REGISTERED ✓	REGISTRATION PAPERS ATTACHED ✓	ADDITIONAL INFORMATION
				RIGHT LEFT			
				RIGHT LEFT			
				RIGHT LEFT			
				RIGHT LEFT			
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				RIGHT LEFT			
				RIGHT LEFT			
				RIGHT LEFT			
				RIGHT LEFT			

Mailing Address: _____

Email Address 1: _____

Email Address 2: _____

Phone # 1: _____

Phone # 2: _____

4-H STAFF USE ONLY:

Date Received: ____ / ____ / ____ Initials: ____

Enrollment complete (June 15): ____ Initials: ____

YQCA completed (June 15): ____ Initials: ____

4-H Staff Signature: _____

Signature of ALL 4-H members: _____

Signature of Parent/Guardian: _____