

DELIVERY FORM
(1 for each ram)

OWNER _____ PHONE NO's. _____

ADDRESS _____ Email Address: _____

CITY & STATE _____ ZIP _____

RAM'S NAME _____ REG. NO. _____

FLOCK NUMBER _____ **SCRAPIE NUMBER** _____

BIRTHDATE OF RAM _____ SINGLE _____ TWIN _____ TRIPLET _____

BREED _____

SIRE OF RAM _____ REG. NO. _____

DAM OF RAM _____ REG. NO. _____

BIRTHDATE OF DAM _____

It is recommended that all rams be vaccinated for Enterotoxemia and Tetanus with Clostridium Perfringes types C & D and tetanus toxoid at least 14 days prior to delivery to the Center.

Date of Enterotoxemia vaccination _____ Product used _____

Date of worming, if done _____ Product used _____

Are coccidostats used on farm? Yes _____ No _____

If yes, list product and timing of administration _____

As herd owner, I certify that the flock of origin of this ram has not had scrapie diagnosed in the past 42 months and is not under surveillance for scrapie. I also certify that the flock has been free of signs of infectious foot rot and scabies for the past 6 months.

Signature of Herd Owner _____ Date _____

Veterinary Exam

Are the eyes normal on this ram? _____

Are two testicles present and of normal size? _____

Are the incisor teeth properly aligned with the dental pad? _____

Is the sheep free of external parasites? _____

Are the lungs normal on auscultation? _____

I hereby certify, to the best of my knowledge, that the above described ram is free of signs of infectious, contagious and parasitic disease and that it is free of signs of contagious foot rot, Caseous Lymphadenitis, Epididymitis and contagious Ecthyma. I further certify that at this time the flock of origin has been examined and is free of signs of infectious and contagious diseases, including: Epididymitis, Johne's Disease, and contagious Ecthyma. I certify that contagious foot rot and scabies have not occurred within the past 6 months on this farm, and that scrapie has not been diagnosed in this flock in the past 42 months and that the flock is not under surveillance for scrapie.

Signature of Veterinarian _____ Code# _____

Address _____

Phone _____ Date _____