

Flock Identifier: SAMPLE

Name: SAMPLE

Please complete this form and return to:
Sheep Ireland, Highfield House, Shinagh, Bandon, Co. Cork

Animal Details			Service Information					
Dam NSIS Number	Dam Flock Book Number	Last Lamed Date		Mating Date	Sire ID	Shared Ram	ET	AI
				Year of Event 20 ____				
				Day / Mon				
					Rams NSIS number, AI code or Flock book number.	(tick box if relevant)	(tick box if relevant)	(tick box if relevant)
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	N / A	N / A	____ / ____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>