



PURE BREED REGISTRATION

INSPECTION FORM

NAME: _____
 ADDRESS: _____
 PHONE: () _____
 E-MAIL: _____
 WEBSITE: _____
 BRANCH: _____

POST TO:
 Sydney Shep,
 Purebreeds Registrar
 PO Box 6386
 Wellington 6141

Or EMAIL TO:
 nzaeolia@gmail.com

BREED: _____
 FLOCK PREFIX: _____
 FLOCK NUMBER: _____ INSPECTION DATE: _____

NUMBER OF SHEEP TO BE INSPECTED: Ewes: _____ Rams: _____

EAR TAG NUMBERS OF SHEEP PASSED FOR REGISTRATION - Ewes:							

EAR TAG NUMBERS OF SHEEP PASSED FOR REGISTRATION - Rams:							

TOTAL:

INSPECTOR'S DECLARATION:
 I have inspected the sheep and records of the flock named above. I have listed the permanent metal or plastic ear tag numbers of those sheep passed for registration and listed those who have not passed.

INSPECTOR'S SIGNATURES:

INSPECTORS, PLEASE SUPPLY:

NAME: _____
 ADDRESS: _____

 # SHEEP INSPECTED: _____
 # SHEEP PASSED: _____
 # SHEEP NOT PASSED + _____
 TAG#: _____
 KILOMETERS: _____

NAME: _____
 ADDRESS: _____

 # SHEEP INSPECTED: _____
 # SHEEP PASSED: _____
 # SHEEP NOT PASSED + _____
 TAG#: _____
 KILOMETERS: _____