SHEEP CLEARING HOUSE QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND MAIL OR TELEPHONE TO WILLIAM DRINKWATER, LIVESTOCK MARKETING SERVICES, (804) 786-3935 - VA. DEPT. OF AGRICULTURE AND CONSUMER SERVICES, BOX 1163 - ROOM 807, RICHMOND, VA 23209.

DATE WOULD LIKE TO: BUY	SELL	(Circle Situat	 ion)
Please fill in numbers whe		·	,
A. <u>EWES</u>		•	
(NUMBER)			
1. BREED			
2. REGISTERED OR COM	MERCIAL	(Circle Situation	n)
	NUMB		
3. EWES WITH LAMBS			
4. EWES BRED			
5. AGES: 1) YEARLINGS	;		
2) 2 YRS. OLD			
3) 3 YRS. OLD			
4) 4 YRS. OLD			
5) FULL MOUTH_			
6. WEIGHT			
B. <u>RAMS</u>			
(NUMBER) 1. BREED			
2. REGISTERED OR COM	MERCIAL	(Circle Situation	n)
	NUMB		
3. AGE: 1) YEARLINGS_			
2) 2 YRS. OLD			
3) 3 YRS. OLD			
4) 4 YRS. OLD			
4. WEIGHT			
5 ELOCK INFORMATION	I. A DAN	AS RDED TO	

6. COMPLETE NAME AND MAILING ADDRESS:	
E-MAIL ADDRESS	

B. HEALTH STATUS_____

INFORMATION RECEIVED WILL BE LISTED ON THE INTERNET AS SOON AS RECEIVED AND MAILED WITH THE NEXT QUARTERLY NEWSLETTER. THIS INFORMATION FOR THE NEWSLETTER NEEDS TO BE RECEIVED BY THE 10TH OF EACH QUARTER TO BE PUBLISHED IN THE FOLLOWING NEWSLETTER.

IF YOUR ADDRESS HAS CHANGED DUE TO THE 911 ADDRESS, PLEASE SEND US YOUR NEW ADDRESS SO THAT WE CAN UPDATE OUR MAILING LISTS.