

DEPARTMENT OF AGRICULTURE

SHEEP PREGNANCY SCANNING BOOKING FORM

If ram joining date between different mobs are 5 days apart use separate booking form.

Name:.....

Address:.....

Tel:..... Fax:..... E-mail:.....

Site where scanning will occur if different:.....

In shed: Y/N Hot and cold water available: Y/N Electricity: Y/N

NATURALLY MATED EWES

Procedure: TSD (Twins,Single,Dry) Number to scan:
(ring one) WD (Wet, Dry)

Date Ram joined:.....Date Ram removed:.....

ARTIFICIALLY INSEMINATED EWES

Procedure: TSD Number to scan:
WD

Date of AI:.....Date cover ram in:.....out:.....

Were harnesses used on cover rams? Y / N

Further information or
comments:.....

.....

.....

DOA USE ONLY:

Optimal date for scanning.....

Confirmed date for scanning.....