

Producers Name: _____

LFA: _____

Contract Number: _____

Description of Deadstock:

- | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calf (offspring) | Heifer Calf | Bred Cow < 5
(less than) | Bred Cow > 5
(greater than) | Open Cow |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Ewe Lamb | Yearling Ewe | Open Ewe | |

Brand: _____

Location of Brand: _____

If Sheep Tag #: _____

of Deadstock: _____

Cause of Death: _____

Did a veterinarian post mortem the animal(s):

Yes

No

3 or more losses in a 10 day period requires a veterinary letter

Date of Inspection or Notification: _____

Supervisors Comments: _____

Supervisors Signature: _____