

Producers Name: _____

Association: _____

Contract Number: _____

Description of Deadstock:

☐
Calf (offspring)

☐
Heifer Calf

☐
Bred Cow < 5
(less than)

☐
Bred Cow > 5
(greater than)

☐
Open Cow

☐
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: _____