

Premium Sheep & Goat Health Scheme Stock Numbers

Please complete and return the attached form to accompany samples received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A full report cannot be issued without this.

Test ref:

Client account number:

|  |
| --- |
| **Current stock in ACCREDITED flock/herd** |
| **SHEEP** | **GOATS** |
| **Age** | Females | Males | **Age** | Females | Males |
| **12-17 months** |  |  | **12-17 months** |  |  |
| **18 months and over** |  |  | **18 months and over** |  |  |

Client signature: ………………………………………........................

Print Name:………………………………….. Date:………………….