

Breeding Project Registration Form

Participants Name: _____

Club/Organization: _____

Breeding animal:

Animal Type (goat, sheep, swine etc.): _____

Animal Class (market, dairy etc.): _____

Breed: _____

Age: _____ Sex: _____

Number of previous pregnancy and births (if applicable): _____

Scrapie Tag (if applicable): _____

Offspring:

Animal Type (goat, sheep, swine etc.): _____

Animal Class (market, dairy etc.): _____

Breed: _____

Date of Birth: _____

Weight: _____

Sire's Information (i.e. breed, age etc.): _____

Scrapie Tag (if applicable): _____

(If registering more than one offspring, use an additional form and fill out only the participant's name, club/organization and alternate section for the subsequent animal(s)).

Please fill out information and return to Roosevelt County Extension office by Friday, June 29, 2018 along with four pictures to include one head on picture with ear tag visible and participant in the picture (with their face visible), two side shots (left and right) and one picture of the rear of the animal. Pictures may be emailed to Jeffrey Chilson (jeffrey.chilson@montana.edu). If you have any questions please feel free to contact Jeffrey Chilson via the above email address or by phone: (406) 787-5312.