

Sheep Operation Information

Name: _____

Address: _____

Phone: Farm _____ Work _____

Email: _____

Classes of Sheep in Operation

Lambs

- _____ *Nursing 1-28 days*
- _____ *Nursing 29-56 days or more*
- _____ *Weaned On Dry Feed*
- _____ *Weaned On Pasture*
- _____ *Weaned On Pasture Supplement*
- _____ *Ewe Lambs Grown for Early Breeding*
- _____ *Ram Lambs Grown for Early Breeding*
- _____ *Ram Lambs Growing*
- _____ *Rams Breeding* _____ *Inactive*

Ewes _____ *Age(s)* _____ *Weight* _____ *Condition (Thin, Moderate, Fat)*

- _____ *Open, Non-Lactating, Approximate Weaning Dates* _____
- _____ *Flushing*
- _____ *Early Gestation - First 4 months*
- _____ *Late Gestation - 125-160% Lamb Crop*
- _____ *Late Gestation - 170-200+% Lamb Crop*
- _____ *Lactating - Single Lambs*
- _____ *Lactating - 2 or 3 lambs*

Number in Each Group

Group ID	Number in Group	Age	Weight	Pasture Only	Primary Breed

Pasture Supplementation

Group ID	Concentrate *Amount/head/day	Salt/TM Salt Loose/Block	Other Minerals Loose/Block	Water Source Tank, Pond, Creek

Other Feeds Available Amount - lb.

Group ID	Hay Species Mixed Grass or Orch/Clover	Daily Feed Per Head	Bale Type Square/Round	Feed Test Available (yes or no)

Concentrates*

Group ID	Name	Amt fed/Head	*Feed Tag Information/Content
Creep Feed	Home Mixed	½ lb	90% ground corn, 10% Soybean Meal

Other Supplements/Medications

Brand Name	How is it Fed or Administered?	Comments-Label

Health Care: Parasite Control

Product/Label	Amount Given/Head	Group ID	Date(s)

Other Routine Treatments/Inoculations

Product/Label	Amount Given/Head	Date(s)

Pasture Available _____ Total Acres of Pasture Land

Location of Pasture Field	Acreage	Main Forage Species

Potential to Make Smaller Paddocks: ___ Very possible ___ Possible ___ Impossible

***Concerns and comments of the producer**

***^a If the problem is related to health, how has a veterinarian and/or diagnostic services been utilized?**
