

**Buck/Ram Service Certificate**

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| **Owner of Buck/Ram** |  |
| Name: |  |
| Membership Number: |  |
| Prefix: |  |
| Address: |  |
| State and Postcode: |  |
| **Details of Buck/Ram** |  |
| Name Including Prefix: |  |
| Date of Birth: |  |
| Registration Number: |  |
| NLIS Tag/Tattoo Details:  (Colour, PIC, Individual No) |  |
| **Details of Doe/Ewe** |  |
| Name Including Prefix: |  |
| Date of Birth: |  |
| Registration Number: |  |
| NLIS Tag/Tattoo Details:  (Colour, PIC, Individual No) |  |
| **Service Information** |  |
| Serviced by: | □ Controlled Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  □ Paddock Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  □ Buck/Ram on Lease Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  □ Artificial Insemination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Artificial Insemination** |  |
| Name of AI Technician: |  |
| Straw Identification No: |  |
| AI Technician Signature: |  |
| Date: |  |
| **Lodgement (No Fee)** | *The information provide on this form is true and correct to the best of my knowledge.* |
| Signature of Buck/Ram Owner: |  |
| Date: |  |

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| **Post:** | AABMGS Inc. Registrar  1165 Brightview Road, Brightview QLD 4311 |
| **Or Email:** | myaora@outlook.com |