

Buck/Ram Service Certificate

Owner of Buck/Ram	
Name:	
Prefix:	
Address:	
State and Postcode:	
Details of Buck/Ram	
Name Including Prefix:	
Date of Birth:	
Registration Number:	
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/
	☐ Buck/Ram on Lease Date:// to// ☐ Artificial Insemination Date://
Artificial Insemination	
Name of Al Technician:	
Straw Identification No:	
AI Technician Signature:	
Date:	
Lodgement (No Fee)	The information provided on this form is true and correct to the best of my knowledge.
Signature of Buck/Ram Owner:	
Date:	

Post:

AABMGS Inc. Registrar

1165 Brightview Road, Brightview QLD 4311

Or Email: myaora@outlook.com

2 © AABMGS Inc. 28/10/2019