Progeny Report- Registration of Merit Program

Owner Name_____ Member ID_____ Date_____ Phone_____

Address_____City_____State_____Email_____

All does submitted for ROM using this form must be owned or co-owned by the member listed above.

Date of Lambing/ Kidding	Dam Registration #	Sire Registration #	# Females Born	# Males Born	# Progeny surviving 60+ days

By submitting this form, I certify that the information supplied is correct _____Signature

Date of Lambing/ Kidding	Dam Registration #	Sire Registration #	# Females Born	# Males Born	# Progeny surviving 60+ days