

# Flock Ram Examination

Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Number of Rams for Examination \_\_\_\_\_

Number of Rams for Vasectomy \_\_\_\_\_

Approximate Date Required \_\_\_\_\_

*Please return form to the clinic;  
email [vets@vetmarlborough.co.nz](mailto:vets@vetmarlborough.co.nz), phone: 577 9822 or post back to  
The Vet Centre Marlborough, 7 Redwood St, Blenheim 7201.*

