

**Australian National Field Days
Merino Wether Comparison Trial
2026 – 2028
OFFICIAL ENTRY FORM**

Please return to:

Australian National Field Days
563 Borenore Road,
Borenore NSW 2800
PH: (02) 6362 1588
Fax : (02) 6362 5421
E: info@anfd.com.au

Trial Start Date: 1st May 2026

I/We hereby nominate one team of (10) wethers for the Australian National Field Days Merino Wether Comparison Trial at Borenore NSW for a period of TWO and a half years.

*Entrants Name: _____

*Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

*Address: _____

*State: _____ *Postcode: _____

***Ram Bloodline(s):** _____

***Years on Ram Bloodline:** _____

***Ewe Bloodline (s):** _____

***Years on Ewe Bloodline:** _____

Approximate total number of wethers in drop: _____

Joining Date _____ Month(s) drop born: _____

Shearing Schedule on property _____

I/We agree to abide by the rules and conditions of the comparison as specified by the Australian National Field Days and that information submitted in the entry form is correct. I/We state that to the best of my/our knowledge the sheep are free of external parasites and footrot and to this end attach a COMPLETED “Animal Health Statement” (including OJD status) , NVD & Management Practices Questionnaire. That all sheep are tagged with property EID’s.

***Entrant Signature:** _____ ***Date:** _____

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MANAGEMENT PRACTICES QUESTIONNAIRE

Flock Size & Structure:-

Flock size _____ Weaner Wethers in drop _____

Average lambing percentage over last five years _____

Percentage Cull Prior to Selection _____

FLOCK Health Management:

PIC Number: _____

The ear marks are:-

Have these wethers been:-

Drenched

Yes / No with _____

Number of times _____

Vaccinated

Yes / No with _____

Number of times _____

Dipped / Jetted

Yes / No with _____

When _____

In general what “family” of Drench (eg:- White, Clear, Combination (s) or Ivomec have you used over the past two years:-

2024 _____

2025 _____

Footrot

I /we declare there is no history or visible sign of virulent foot rot on property or within flock.

Entrant Signature: _____ Date: _____

Please complete and attach “Animal Health Statement” and copy of NVD form with a notation on section 7 “PLEASE SEE ATTACHED MANAGEMENT PRACTISES QUESTIONNAIRE”