



I, (Full name) _____

Of (Property Name) _____

At (Address) _____

Postal Address (If Different) _____

As a wool grower (Tick the box below that applies to you)

(Please tick) Declare that I have used Tri-Solfen for pain relief on all lambs mulesed.

Month lambs were treated _____

Number of lambs treated _____

Number of ewes mated _____

Details of supplying veterinarian _____

AND/OR

(Please tick) Declare that either all, or a proportion of my lambs do not require mulesing.

Number of lambs mulesed _____

Number of lambs unmulesed _____

And as such I intend to market my wool under the Better Choices brand.

Wool brand _____

No. of Adult ewes _____ estimated no. of bales _____

No. of Ewe Hoggets _____ estimated no. of bales _____

No. of Wethers _____ estimated no. of bales _____

Wool broker _____

Signed (Signature of person making declaration) _____

Declared at (Place) _____

On (Day) _____

Of (Month and year) _____

Please complete and return in enclosed reply paid envelope or fax to (02) 9929 8535.