

SHEEP SCAB BY-LAW (SHETLAND ISLANDS COUNCIL SHEEP SCAB REGULATIONS 2003)

**PRE-IMPORT PLUNGE DIPPING VERIFICATION FORM**

Name and address of vendor:

Name and address of vendor's veterinary practice:

Description of sheep (sex / breed)

Ear numbers of the sheep:


I declare that the above animals have been treated for sheep scab in accordance with the manufacturer's instructions using .....  
plunge dip on ..... (date)

Batch number of product: .....

Expiry date of product: .....

Signed,

.....  
Qualified sheep dip operator / Veterinary surgeon

Date of signature: .....