

ALPACA FLEECE IDENTIFICATION FORM

Place this ID form inside your clear plastic bag so it is visible from the outside



Australian Alpaca
ASSOCIATION

Exhibitor Name: _____

Stud Name: _____ Herd Code: _____

Postal Address: _____

Contact No: _____ Email: _____

Class No	IAR	AAA Registered Name	DOB dd/mm/yy	Alpaca Age when shorn (in months)	Shearing Date dd/mm/yy	Previous Shearing Date dd/mm/yy	Fleece Age* (in months)	Colour

★ Fleece Age in months between this shearing and previous shearing (or DoB if 1st shearing)

Return Instructions:

Fleece will be collected from show by me/my nominee (name): _____

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