

Authorization of Professional Services

Owner _____

Address _____

Phone _____

Type of animal (circle one): Goat Sheep Cow/calf Pig Other _____

Breed _____ Sex(circle one): Male / Female

I hereby authorize performance of the following:

_____ Dehorn

_____ Tube Feed

_____ Castration

_____ C-Section

_____ Deworm

_____ LDA Surgery

_____ Vaccination

_____ Treatment for: _____

On the farm I have given/tried: _____

I understand that I assume full financial responsibility for all services rendered.

SIGNED _____ DATE _____

(Owner or agent of owner)