

PBBA AGE VERIFICATION FORM

I, Dr. _____, D.V.M., do swear and attest, that to the best of my determination, this bull is aged to be _____ years, and _____ months, as of ____/____/____

BULL OWNER: _____

RANCH NAME: _____

ADDRESS: _____

CITY _____

ZIP: _____

TELEPHONE: _____

CELL: _____

E-MAIL: _____

BULL NAME: _____

BIRTHDATE: _____

DESCRIPTION: _____

BRANDS: _____

Send form to: PBBA, 1113 Jordan Rd, Lyman, SC 29365 or fax to 864-990-3808

This document will be on file at PBBA office.

EXAMINING VETERINARIAN

(PRINT): _____

Practice Name: _____

phone _____

Address: _____

SIGNATURE: _____

DATE: _____