

International Association  
of  
German Angora Rabbit Breeders  
Shearing Certificate

Owner: \_\_\_\_\_ IAGARB Breeder Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date:

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I, Dr. \_\_\_\_\_, am a veterinarian at

\_\_\_\_\_, located in \_\_\_\_\_,

hereby certify that the following rabbits were sheared in accordance with the I.A.G.A.R.B. regulations on \_\_\_\_\_ and can be tested for registration no later than \_\_\_\_\_:

Rabbit Name	IAGARB Tattoo No.	Wool Test? (Y/N)
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Please note that Wool Test results are NOT recorded on pedigrees or in the IAGARB Registration Database.

Witnessed by:

\_\_\_\_\_, Veterinarian, Lic.No. \_\_\_\_\_

DATE: \_\_\_\_\_