

International Association
of
German Angora Rabbit Breeders
Shearing Certificate

Owner: _____ IAGARB Breeder Number: _____

Address: _____

Phone: _____

Date:

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: _____