

CIB Certification Form

Breeder Name _____

Ear Notch _____

Breed _____

Sex _____

Date of Sale _____

Exhibitor Name _____

Exhibitor Address _____

Breeder Name _____

Ear Notch _____

Breed _____

Sex _____

Date of Sale _____

Exhibitor Name _____

Exhibitor Address _____

Breeder Name _____

Ear Notch _____

Breed _____

Sex _____

Date of Sale _____

Exhibitor Name _____

Exhibitor Address _____

Breeder Name _____

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