

Custom Exempt Processing Log

Animal Type and Desc _____ Qty _____ Owner Name _____

Owner Address _____ Owner Phone _____

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I certify that I own all the animals delivered to the plant on the date of drop off. I certify that all animal have completed all withdrawal periods for medicines or applications observed prior to drop off date

Signed _____ Date _____

Delivered by Owner? Yes or No If No please put the deliver person's name and number below

Dropped off by Email _____

Dropped Off by Tag or DL number _____

Animals ambulatory Y or N – If No Describe _____

Date of Drop-Off _____ Scheduled Date of Slaughter _____

Type	ID	Live weight		Hang Weight