

FRESH START

Registration Form

General information:	
Name of Farm:	
Owner:	
Address:	
Town, Province:	
Postal Code:	
Telephone:	
Fax:	
Email:	

Herd Information	
Number of lactating cows:	
Protection:	<input type="checkbox"/> Double Protection <input type="checkbox"/> Triple Protection
Start Date:	
Name of veterinarian:	

Please email or fax the completed form to Dr. Randy S. Graham DMV
Email: randy.s.graham@zoetis.com • Fax: (519) 846-8236

