



Live Coverage Service Memo

DATE: _____

BUCK

Name of Buck _____ Registration No _____
 Date Exposed _____ Date Removed _____

DOE INFORMATION

Name of Doe	Registration #	RE Tattoo	LE Tattoo

OWNER OF BUCK

Name _____ ABGA Member No _____
 Address _____ Email _____
 City _____ State _____ Zip _____ Phone _____
 Signature _____ DATE _____

OWNER OF DOES

Name _____ ABGA Member No _____
 Address _____ Email _____
 City _____ State _____ Zip _____ Phone _____
 I, the owner of the does listed on this Service Memo guarantee that the information listed is correct and true.
 Signature _____ DATE _____