



AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS

CONTACT:

Dr. K. Fred Gingrich II
American Association of
Bovine Practitioners
1-800-COW-AABP
www.AABP.org

Please print, sign and date this document. Fax or email the completed document to:

American Association of Bovine Practitioners
Email: fred@aabp.org
Fax: 419-496-0697

I certify that the information given in this application is true and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the application.

By signing this document, I am giving consent for the American Association of Bovine Practitioners to contact my college of veterinary medicine for validation of the GPA and class rank that I have reported in this application. I am consenting for the college of veterinary medicine to release this information to the American Association of Bovine Practitioners upon request.

Print Name _____

Signature _____ Date _____