

Shearing form

For our customer's convenience, Alpaca Magic allows clients to bring their alpacas/llamas for shearing on our annual shearing days (see calendar for dates).

If you bought your animal from Alpaca Magic and wish to have it shorn at Alpaca Magic please print out and complete this form. (If you agist your animal at Alpaca Magic there is no need to complete a form – your animals will automatically be shorn.)

Post or Fax to:

Alpaca Magic
2771 Sutton Rd
Sutton N.S.W. 2620
Fax (02) 6230 3311

REMEMBER TO KEEP A COPY FOR YOURSELF!

SHEARING DAY IS VERY BUSY SO PLEASE:

- **Phone to confirm your booking 4 days before shearing. We will advise you of the day and time and the fee.**
- **Ensure your animals are dry (lock up in a shed overnight)**
- **Don't feed or water them for 12 hours before shearing**
- **Be on time.**
- **Bring your vehicle up to the shed to unload & reload**
- **Please bring the correct payment in an envelope with your name on it**

I would like to bring my animals shorn at the next shearing at Alpaca Magic.

My preferred date is / / _____ day morning afternoon

The **number** of each colour of my **alpacas** to be shorn are as follows:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> fawn |
| <input type="checkbox"/> brown | <input type="checkbox"/> black |
| <input type="checkbox"/> other, please specify _____ | |

The **number** of each sex of alpacas/llamas is as follows:

- | | | |
|---------|---|--------------------------------|
| ALPACAS | <input type="checkbox"/> wethers/females | <input type="checkbox"/> males |
| LLAMAS | <input type="checkbox"/> geldings/females | <input type="checkbox"/> males |

Unless you advise us otherwise your animals will be shorn, toe trimmed, drenched and vaccinated.

My animals are Johne's disease free.

The date of my last Negative faecal test was _____

(NB: It takes 3 months from date of same to get a JD faecal test culture results)

I understand that accidents can happen at shearing time and that all care but no responsibility will be taken in case of injury.

Name _____ Email _____

Address _____ Post Code _____

Phone: (H) _____ (Wk) _____ Fax _____ Mob _____

Signature _____