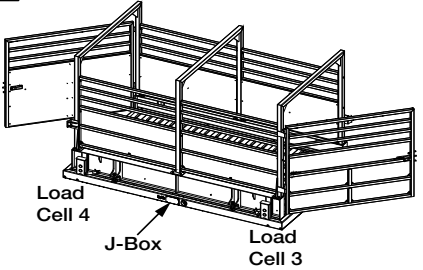
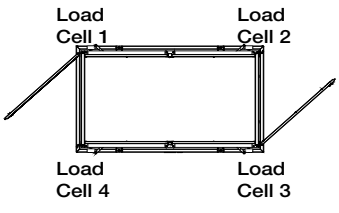
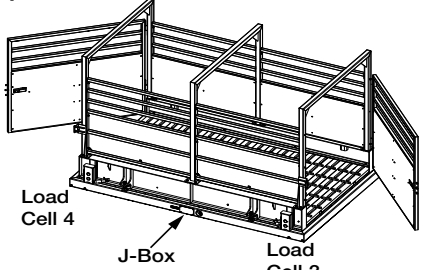
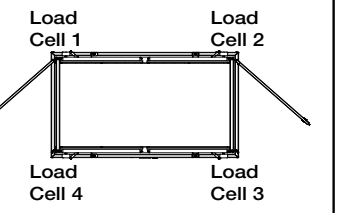
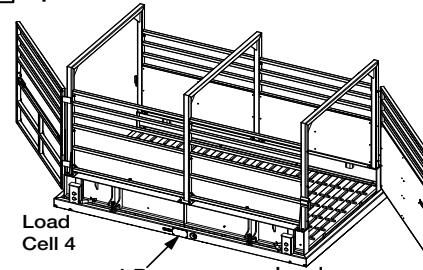
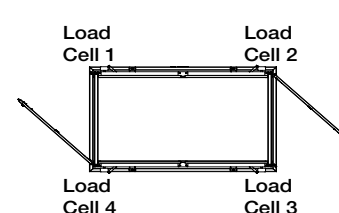
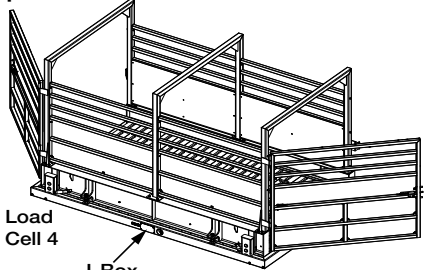
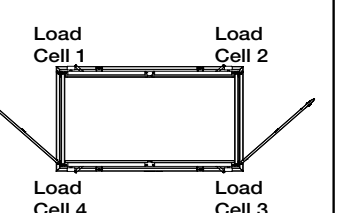
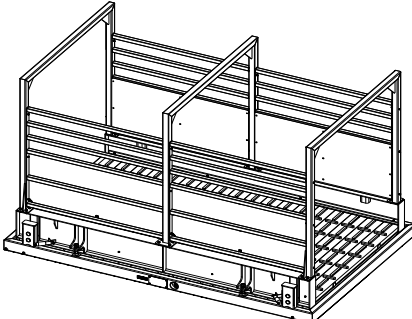
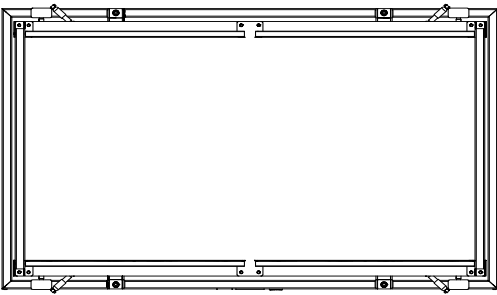


# Livestock Scale Gate Questionnaire

<input type="checkbox"/> <b>Option 1</b>  	<input type="checkbox"/> <b>Option 3</b>  
<input type="checkbox"/> <b>Option 2</b>  	<input type="checkbox"/> <b>Option 4</b>  
<input type="checkbox"/> <b>Option 5 (Create Your Own)</b>  	

Company \_\_\_\_\_ Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip/Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_