



IAED Certification Chart

INVOICE #

Candidate Name: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

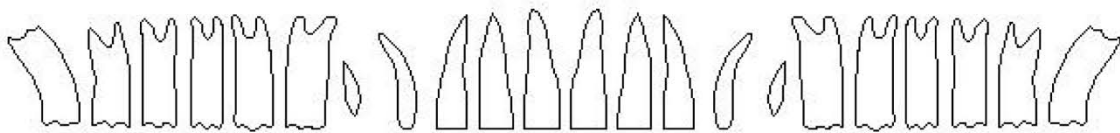
Steward Name: \_\_\_\_\_ Initial: \_\_\_\_\_

DATE

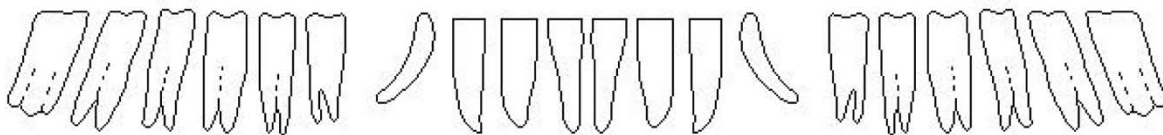
Client: IAED Certification  
PO Box 1141  
Seguin, Texas 78156  
830.305.4460

Horse: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Trainer: \_\_\_\_\_  
Center: \_\_\_\_\_

<--Excursion-->



111 110 109 108 107 106 105 104 103 102 101 201 202 203 204 205 206 207 208 209 210 211  
411 410 409 408 407 406 405 404 403 402 401 301 302 303 304 305 306 307 308 309 310 311



Conditions, Procedures and Services:

Incisors

Canines and Wolf Teeth

Molars

Other Services

Fees and Payments: Calculated Total: \$ Discount: \$ Invoice Total: \$