

Central Virginia Cattlemen



Association

P.O. Box 505  
Orange, VA 22960

## APPLICATION FOR USE OF HEAD CATCH/SQUEEZE CHUTE & SCALE

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

911 Address:

Street/Road: \_\_\_\_\_

City/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Location where head catch/squeeze chute and scale will be set up:

\_\_\_\_\_

Approximate head to be worked: \_\_\_\_\_

Head catch/squeeze chute and scale rental shall be \$20 per week.

Renter shall be responsible to CVCA for needed repairs due to negligence of the renter. It is the renter's responsibility to walk around the equipment before hook up and note any physical damage visible at that time.

Before head catch/squeeze chute is returned, it shall be washed and cleaned thoroughly. If parts are missing or lost, the renter shall pay CVCA the cost for new replacement parts.

**In addition, I have liability insurance on the towing vehicle and driver that extends to the head catch/squeeze chute, and scale that meets or exceeds \$300,000. I also certify that my liability insurance is in full force and effect will remain so until the head catch/squeeze chute and scale is returned.**

**My signature acknowledges that I have read this agreement and agree to follow it.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit: \_\_\_\_\_  
(make check payable to "CVCA")

Received by: \_\_\_\_\_

CVCA Contact: \_\_\_\_\_