



Consignor Name (as it will be on the check): _____

Contact (if different than above): _____ Telephone: _____

Address: _____ City: _____ State _____ Zip _____

Breed/Description of Cattle: _____

No. of Head: _____ Str _____ Hfr; Birthing Months Range: 1ST Calf _____ Last Calf _____

VACCINATION PROGRAM: (Administer Minimum 2 Weeks Prior to Sale)

(Attach COPIES of Supporting Documentation, Itemized Receipts, or Vet Certification)

REQUIRED VACCINATIONS AND PROCEDURES FOR PRE-CONDITION STATUS:

- **1. Pasteurella (Mannheimia) and Haemolytica and/or Multocida**
Date Administered: _____ Brand Name: _____
- **2. Vaccination for IBR, BVD Type I and II, P3, BRSV**
Date: 1st Shot _____ Brand Name: _____
Booster Administered (if product requires): Date Administered: _____

NOTE: Vaccines are available which contain ALL of the above requirements in a single dose.

- 3. WORMER (Circle Type):** POUR-ON INJECTED
Date Administered: _____ Brand Name: _____
- 4. CASTRATED:** NO YES By: KNIFE CUT _____ Other: _____
- 5. WEANED: (Circle)** NO YES Date: _____

ADDITIONAL PROCEDURES:

- **Clostridial 7-Way** Vaccination (And BOOSTER IF NEEDED)
Date Administered: _____ Brand Name: _____
Date **Booster** Administered: _____ Administered by: _____
- **OTHER VACCINATIONS:**
Type: _____ Brand Name: _____
Date Administered: _____ Administered by: _____

FEEDING PROGRAM: (Circle) Hay Haylage Corn Silage Pellets Salt Minerals
Baleage Shelled Corn Ground _____ Other: _____



I Certify the above information is correct: (If Vet Certification is available, copy is required)

Consignor Signature: _____ Date: _____

3rd Party Verification Signature: _____ Date: _____