

Feeder Calf Board Sale – Consignment Form

Return to:
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 Phone: 662-325-7465

General Information

Sale: _____ Year: _____
 Producer Name: _____ Operation Name: _____
 Street Address _____ City: _____ State: _____
 Zip Code: _____ Email Address _____ Phone _____
 BQA:# _____ BQA Expiration Year _____ Premise ID _____

Cattle Information

Number of Steers: _____ Sale Weight of Steers _____ Ideal Delivery Date _____
 Number of Heifers: _____ Sale Weight of Heifers _____ Ideal Delivery Date _____
 Calving Season Start Date _____ Calving Season End Date _____

Description of Cattle (Include breed or breed composition, color, farm-fresh or assembled, and any other important information)

Method of Castration Knife Band Age/Date at Castration _____
 Method of Dehorning Paste Dehorners Polled Age/Date at Dehorning _____
Please check the box for any added value management that has been (or will be) on these cattle
 PI-BVD Tested Negative Age & Source Verified Bunk Broke
 Creep Fed All Natural Vaccinated

Please complete the following table to describe the vaccination protocol.

Vaccine	Product	Company	IM or SQ	Dose	Date	Lot#
1 st Clostridial Black Leg						
2 nd Clostridial Black Leg						
1 st IBR, BVD, PI3, BRSV						
2 nd IBR, BVD, PI3, BRSV						
Pasteurella						
Implant						
Dewormer						
Medicated Feed						
Mineral						

I certify that I have records in my possession that verify the age and management of the cattle represented by this document.

Signature _____ Date _____

