

# Warren County Livestock Weaned Sale Preconditioning Form

## Owner/Operation Information:

Name cattle will be sold under: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Marketing Information:

Date of Sale: \_\_\_\_\_ Total Number of Head: \_\_\_\_\_

Weaning Date: \_\_\_\_\_

Castration Date if applicable: \_\_\_\_\_ Castration method used: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Other Management Information: (check all that apply)

Dehorned     Bunk Broke     Guaranteed open day of the sale

**Ear tags must be picked up at Warren County Livestock. Please call ahead so that we can make sure we have enough tags available on site.**

**Bred Heifers:** All heifers are required to be open the day of the sale. If the buyer chooses to have the heifer's pregnancy checked at the buyer's expense, then any found to be bred will be weighed and identified back to the seller. Keep in mind that the weight can vary from the sale weight. The seller will have the option to take the heifer home or resell her.

I, \_\_\_\_\_, have read and understand the policies set forth by WCLS.

Owner/manager signature required

**Complete front and back. Incomplete forms will not be accepted.**

# Vaccination Administration Information

## Receipts Required

Product Administration <i>Vaccine Protocol</i>		1 <sup>st</sup> dose date	Booster date
IBR-BVD-P13-BRSV 1st round MLV	Company Product Name	required	
Booster dose	Company Product Name		
Clostridial/Blackleg	Company Product Name	required	
Haemophilus Somnus (optional)	Company Product Name		
Pasteurella	Company Product Name	required	
Parasite Control (dewormer)	Company Product Name	required	
Implant (optional)	Company Product Name		

I certify that the calves listed meet the requirements and products have been administered according to label directions. I also certify that the information on this form is true and accurate.

Signature of Owner/Manager or Veterinarian is required.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_