

PAYS Top Dollar Enhanced Health Sales

Consignment Form

Sales are held at Public Auction Yards

Consignor: _____

Sale Date: October 18
 November 8
 December 13

Address: _____

Phone: _____

Approx # Of Steers: _____

Approx # of Heifers: _____

Approx Steer Weight Range: _____

Approx Heifer Weight Range: _____

Breed Type/Color: _____

VACCINATION PROTOCOL:

PreCon 2+ (2 rounds - spring and 3-6 weeks prior to shipping)

PreCon 1 (branding shots only)

PreCon 45 (1 or 2 rounds + weaned 45 days)

PreCon 2 (fall shots only)

Shot Records (dates and vaccine administered):

Spring:

Fall:

Approximate Calving Period: _____

Implants: NONE YES If yes, when: _____ Implant Name: _____

Dewormer or delousing product used and when: (not required): _____

Bloodlines of Cowherd & Bulls used: _____

Knife Cut or Banded: _____

Mineral Program: _____

Third Party Verified and Value Added Programs (not required): _____

Notes:

Return by **fax:** (406) 256-6010 • **Email:** pays@cattleplus.com • or **mail:** P.O. Box 1781, Billings, MT