

BELLE FOURCHE LIVESTOCK AUCTION, LLC

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FIRST CALF BORN AFFIDAVIT

CONSIGNOR: _____

ADDRESS: _____

CITY: _____ STATE: _____

CALVING START DATE: ____/____/____ CALVING END DATE: ____/____/____

DATE SHIPPED: ____/____/____ LOCATION: _____

OF HEIFERS SHIPPED: _____ # OF STEERS SHIPPED: _____

IDENTIFYING TAGS: _____

VACCINATION RECORD

DATE OF BRANDING: ____/____/____

VACCINE

IMPLANT

WORMER

DATE PRECONDITIONED: ____/____/____

VACCINE

IMPLANT

WORMER

OWNER/MANAGER SIGNATURE: _____

DATE: ____/____/____