

<b>Seller #:</b>	<b>Name:</b>	<b>Sale Date:</b>
<b>Weaning Date:</b>	<b>Fall Shots First Dose:</b>	<b>Fall Shots Booster:</b>

<p><b><u>7/8 Way:</u></b>  Alpha 7            Fortress 7  Bar-Vac 7        Ultrabac 7  Caliber 7        Ultrachoice 7  Calvery 9        Vision 7  Covexin 8        Vision 8  Electroid 7</p>
<p><b><u>7/8 Way + Haemophilis:</u></b>  Bar-Vac 7/Somnus  Ultrabac 7/Somubac  Vision 7 Somnus  Vision 8 Somnus</p>
<p><b><u>7 Way + Pasteurella:</u></b>  One Shot Ultra 7  One Shot Ultra 8</p>
<p><b><u>4/5 Way: IBR,BVD,BRSV,&amp;PI3</u></b>  Arsenel 4:1            Pyramid 5  Bovishield Gold 5    Titanium 5  Cattlemaster Gold 5    Triangle 5  Express 5            Virashield 6  Pyramid 4            Vista 5 SQ</p>
<p><b><u>4/5 Way + Haemophilus:</u></b>  Express 5 + HS  Virashield 5 + Somnus  Virashield 6 + Somnus  Resvac 4/Somubac</p>
<p><b><u>4/5 Way + Pasteurella:</u></b>  Bovishield Gold One Shot  Pyramid 5 + Presponse  Triangle 4+ PH-K  Vista Once SQ</p>
<p><b><u>7 Way + Pinkeye:</u></b>  Alpha 7/MB-1  Piliguard Pinkeye 7  Vision 7 20/20 w/ Spur</p>
<p><b><u>Intranasal:</u></b>  Nasalgen IP (IBR&amp;PI3)    Inforce 3 (IBR,BRSV&amp;PI3)  TSV-2 (IBR&amp;PI3)</p>
<p><b><u>Haemophilus:</u></b>  Somubac            Somushield</p>
<p><b><u>Pasteurella:</u></b>  Nuplara            Pulmoguard PHM1  One Shot            Presponse HM  Once IN            Respishield HM  Once PMH</p>
<p><b><u>Pinkeye:</u></b>  Federal Autoginus    Piliguard Pinkeye Triview  Piliguard Pinkeye 1    Pinkeyeshield XT4</p>

<p><b><u>Footrot:</u></b>            Fusogard</p>
<p><b><u>Poured: (External &amp;/or Internal Parasites)</u></b>  Boss                    Stanguard  Cydectin                Ivermectrin  Cylence                Ivomec  Dectomax                Promectin  Delice                    Saber  Exile                     Vetrimec</p>
<p><b><u>Injectable or Oral Dewormer:</u></b>  Cydectin (Injectable)                    Longrange (Injectable)  Dectomax (Injectable)  Ivermectrin Generic (Injectable)  Ivomec (Injectable)  Longrange (Injectable)  Panacur (Oral)  Safeguard (Oral)  Syanthnic (Oral)</p>
<p><b><u>Branding Time Shots:</u></b>  7/8 Way:  Haemophilus:  4/5 Way:  Pasteurella:  Pinkeye:  Implant:  Injectable Dewormer:  Poured:</p>
<p><b><u>Other Information:</u></b>  No Implants            Knife Cut  Shots in the neck    Banded  All Natural            No Creep Feed  Bangs                    BQA Certified  Bunk Broke            7 Way At Birth  Fall Implant:            Multimin Shot</p>
<p><b><u>Age &amp; Source Verification/NHTC:</u></b>  <b>Company:</b>  _____</p>
<p><b><u>County:</u></b>  <b>State:</b>  <b>Birth Dates:</b> _____ to _____, _____</p>
<p><small>Country of Origin Affidavit: As an affidavit is deemed by the USDA as an official record of country of origin, I attest through firsthand knowledge, normal business records, or producer affidavit(s) that all livestock referenced by this document or other communications specific to the transaction and transferred are of USA origin. Should the origin of my livestock become other than that described above, I agree to notify the Buyer/Agent when this occurs. This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to Belle Fourche Livestock Market (Agent/Buyer).</small></p>
<p><b>Consignor:</b>  _____</p> <p><small>It is the responsibility of the consignor to complete this form correctly. Belle Fourche Livestock Market is not responsible for inaccurate information. Belle Fourche Livestock Market, LLC, PO Box 126, Belle Fourche, SD 57717, 605-892-2655/Fax 605-892-3142/ www.bellefourchelivestock.com</small></p>