



Consignment Form

Consigner Name: _____ Sale Date: _____

Address: _____ Sale Location: PSI TCS

Steers Heifers Bulls Color: _____ Weight: _____

Head Count: _____ Genetic Info: _____

Dehorned Natural Knife Cut Banded Weaned Date: _____

Implant: Yes No Antibiotics: Yes No Details: _____

Vaccination Information:

1st Round Shots: _____ Date: _____

Respiratory: BoviGold 5, ViraShield 6, Enforce 3, etc Clostridium: Ultrabac 8, 7/Somubac, Alpha 7

2nd Round Shots: _____ Date: _____

Respiratory: BoviGold 5, ViraShield 6, Enforce 3, etc Clostridium: Ultrabac 8, 7/Somubac, Alpha 7

3rd Round Shots: _____ Date: _____

Respiratory: BoviGold 5, ViraShield 6, Enforce 3, etc Clostridium: Ultrabac 8, 7/Somubac, Alpha 7

Wormer/Pour-On/Drenched: _____ Date: _____

Feed Ration:

TMR Bucket Fed Self-Feeder _____ lbs-Corn/Distiller

Housing: Barn Outside In/Out _____ lbs-Hay/Silage

Other Information: _____ Free Choice Hay

Signature of Consignor: _____