

Cattle Consignment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Sale Date: _____ Delivery Date: _____

Steer Calves__ Yearling Steers__ Heifer Calves__ Yearling Heifers__

Bull Calves__ Cows__ Bred Cows__ Bred Heifers__ Pairs__

Bulls__ Breeding Bulls__

Number of Head _____

Color &/or Breed _____

Approximate Weight Range _____

All Natural: _____ If Yes will you sign an All Natural Affidavit: _____

Shots: _____

Other: _____
