



THIS FIELD SHEET MUST BE SIGNED & ACCOMPANY BULLS WHEN THEY ARE DELIVERED TO THE TESTING STATION

Please prepare a separate Field Sheet for each breed and/or group

Consignor Code # _____

Ranch Name: _____

Contact Name: _____

Ranch Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

Email: _____

Number of Bulls: _____

Member Code _____

Delivery Date: _____

Health Paper #: _____

Brand Inspec. Yes No

Brand: _____

Brand Locations Health: _____

Are bulls Insured: Yes No

1 2 3 4 5 6 7 8 9 10	Herd Tag or ID	Official Use ONLY Station Tag		Tattoo#		Reg #	Reg. Paper Office ONLY	% of Breed	Sire Name	Birth Date	Actual Birth Weight
		L- Ear	R- Ear	L- Ear	R- Ear						

Junior consignor: Yes No if yes DOB _____

Progress Report by Mail Online

Invoices by Mail Email

EIDS (840 half duplex- WHITE) Yes No Have bulls been BVD Tested? Yes No (IF YES, PLEASE PROVIDE RESULTS UPON DELIVERY)

VACCINATION PROGRAM: Type of Program (check one): Modified Live Killed Processing Date _____

Date	Product	Date	Product

