



Wichita Livestock Sales Co., LLC

Weaned Calf Consignment Form

Owner: _____

City & State: _____

Origin of Calves: _____

Days Weaned: _____

Administration Information

Complete information on products used, dates of doses required for enrollment. For anything that doesn't apply please mark N/A. For additional information on products or vaccine protocols please contact your local veterinarian or pharmaceutical representative.

Respiratory Virals		
IBR, BVD, PI3, BRSV		
1st Round	Name of Product Used:	Date:
2nd Round	Name of Product Used:	Date:
Clostridial (Blackleg)		
7-way, 8-way, 9-way		
1st Round	Name of Product Used:	Date:
2nd Round	Name of Product Used:	Date:
Internal/External Parasite Control	Name of Product Used:	Date:
	Name of Product Used:	Date:
Implant	Name of Product Used:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Vaccines Or Health Protocols Used (Optional)	Name of Product Used:	Date:
	Name of Product Used:	Date:

I certify that the cattle listed have been weaned and worked in accordance with the information provided. All products administered according to label instructions. I certify all information on this form is true and correct.

Signature of OWNER/MANAGER or VETERINARIAN is REQUIRED

Signature

Print Name

Date