



Castrate Date:







OWNER INFOR	MATION*			
Name Cattle W	fill Be Sold Under			
Owner/Manage	er			
Address				
CityState		State	Zip	
Phone		Cell Fax		
Email	<del>20 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3</del>			
Total Number  Date Weaned  Ear Tag Numb	(mm/dd/yy)		Heifers	
	Product	Serial Number(s)	Initial Dose Date	Booster Dose Date
1st Dose			(1st Round)	(2nd Round)
2nd Dose				
3rd Dose				
Clostridial/ Blackleg				
Dewormer				
Implant (in	dicate type)			
Seller must pro	vide proof of Booster Mo	odified Live Vaccine (MLV) p	urchase on date of cattle sale.	

Dehorn Date:

<sup>\*</sup>This information is being collected by Mo-Kan for business purposes and for the administration of the Max Advantage Pre-Vac Program. Your information will not be shared with any other parties.