CATTLELAND FEEDYARDS LTD. BULL TEST STATION

CONSIGNOR'S NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

_____

_____

TELEPHONE:

Bus: _____

Res: _____

Fax: _____

E Mail: _____

ARE BULLS BRANDED?

YES _____ LOCATION:

NO _____ _____

BRAND:

PROCEEDS PAYABLE TO: _____

OFFICE USE ONLY										
CFL TAG #	TATTOO	BIRTH DATE	COLOUR	BIRTH WT	%, PB FB	HORN STATUS	SIRE (full name)	DAM (full name)	AGE DAM	SIRE OF DAM (full name)