



Monday Night Holsteins Heifer & Steer Auction Certification & Consignment Form

Please Send Completed Form Prior to Sale Day For Advertising & Catalog



Chad Kreeger 517-294-3484

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Jim O'Connor 810-404-5954

| | | | | | | | | | | |
|---|--------------|------------|----------------------------------|-------------|-------------|-----------------|--|--|--|--|
| Consignor: | | | Phone: | | | | | | | |
| Address: | | | Email: | | | | | | | |
| City: | State: | Zip: | BQA #: | | | | | | | |
| Any animal deemed unhealthy at sale or with no information will not be sold with the MNH Certification | | | | | | | | | | |
| General Information | | | Management Protocol | Date | Date | | | | | |
| Sale Date: | Head Count: | Trucking: | 2 Rounds of Modified Live | | | | | | | |
| Sex: Heifer Steer Both | | | Titanium 5 | | | | | | | |
| Heifer Birth Status: Single Twin Unkown | | | Bovishield Gold 5 | | | | | | | |
| Source: Homegrown Purchased | | | Expres 10 | | | | | | | |
| Purchased From: | Date: | | Virashield | | | | | | | |
| Program: Dairy Calf Grower Backgrounder | | | Vista | | | | | | | |
| Birth Dates: (Range or Actual, Attach If Needed) | | | 2 Rounds of Clostridial | | | | | | | |
| Wean Dates: (Minimum 45 Days Before Sale) | | | Vision 7 | | | | | | | |
| Breed if other than Holstein: | | | Alpha 7 | | | | | | | |
| Ear Tag Numbers | | | Caliber 7 | | | | | | | |
| | | | Calvary | | | | | | | |
| | | | Covexin | | | | | | | |
| | | | Bacterials | | | | | | | |
| | | | Nuplura | | | | | | | |
| Nutrition | | | Once PMH | | | | | | | |
| Hay | Haylage | Cornsilage | Prepsponse | | | | | | | |
| Ground Corn | Shelled Corn | Pellet | One Shot | | | | | | | |
| Minerals | Other: | | Other Vaccinations | | | | | | | |
| Owner Comments & Other Information | | | | | | | | | | |
| <i>Please send additional information on Heifers (Birth Dates, Sires, Dams Records, Etc)</i> | | | | | | | | | | |
| | | | | | | Implants | | | | |
| | | | | | | Compudose | | | | |
| | | | | | | Encore | | | | |
| | | | | | | Component IH | | | | |
| | | | | | | Other | | | | |
| | | | | | | Dewormed | | | | |
| | | | | | | Product | | | | |
| | | | | | | Dehorned | | | | |
| | | | Yes | No | Polled | | | | | |
| Castration | | | | | | | | | | |
| Banded | Knife Cut | Clamped | | | | | | | | |
| Tetanus Given | Yes | No | | | | | | | | |

I certify that the information on this form is accurate and correct

Consignor Signature

Date

This area to be completed by sale staff at sale

| | | |
|---------------|-------------|------------|
| Certified By: | Head Count: | Back Tags: |
|---------------|-------------|------------|

