

VBPA WAYBILL AND CERTIFICATION

INSTRUCTIONS

Please enter the information below for EACH ANIMAL. This form is needed for processing. A completed copy MUST accompany the first truckload of cattle to arrive at the sale. Please deliver your cattle on _____ between the hours of _____.

Farm Tag Number	Breed (A, H etc)	Sex (S,H)	Birth Date* (MM/YY)	Vaccinated* Yes/No	Natural* Yes/No

Farm Tag Number	Breed (A, H etc)	Sex (S,H)	Birth Date* (MM/YY)	Vaccinated* Yes/No	Natural* Yes/No

***Birthdate** - This animal was born on my farm or I am providing certification from the farm of origin (enter date)

***Natural** - This animal has never had hormone implants, has never received antibiotics, or feeds or feed supplements containing animal by-products. (enter yes or no)

***Vaccinated** - The animal was vaccinated with a dosage of Vista Once SQ (enter yes or no)

Vaccine Serial Number(s) _____

Vaccine Expiration Date(s) _____

Date of Vaccinations _____

By signing this form, I swear that the information I have provided is correct and that all cattle consigned have been in the USA since July 15th 2008.

PRINT NAME _____

ADDRESS _____

PHONE # _____

SIGNATURE _____

DATE _____