

VBPA WAYBILL AND CERTIFICATION

INSTRUCTIONS

Please enter the information below for EACH ANIMAL. A completed copy MUST accompany the first truckload of cattle to arrive! Please deliver your cattle on _____ as close to _____ as possible. Please call 802-457-1196 at least 24 hrs before the delivery if this time is a problem.

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

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***Birthdate** - The animal was born on my farm or I have evidence on file supporting birth date claim. (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 per current sale regulations (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.

PRINT NAME _____

ADDRESS _____

TRUCKER CELL _____

SIGNATURE _____

DATE _____