



Red Angus Marketing Programs

Red Angus FEEDER FAX Information

Name: _____

Town: _____ State: _____

Phone: _____ (home) _____ (office) _____ (cell)

E-mail: _____

Number of head: _____ (steers) weight _____
_____ (heifers) weight _____

FCCP Tagged: _____ (yes) _____ (no)

Group Age: _____ (MM/DD/YYYY of first calf born)

Breed type: RED ANGUS Sire Source: _____

Breed of parent cow herd: _____

Castration: _____ (Knifecut) _____ (banded)

Implants: Steers: _____ (no) _____ (yes) _____ (product used)
Heifers: _____ (no) _____ (yes) _____ (product used)

Heifers Bangs vaccinated: _____ (yes) _____ (no) _____ (n/a)

Vaccinations/Medications: _____ (date) _____ (products used)
_____ (date) _____ (products used)
_____ (date) _____ (products used)
_____ (date) _____ (products used)

Weaned: _____ (no) _____ (yes) _____ (number of days)

Comments: _____

Sale Method: _____ (off ranch, sale barn, video) _____ (delivery date)

Sale Barn/Video Auction Name: _____ LOT#: _____

Barn/Video Phone#: _____ Website: _____

Satellite Channel: _____ Sale Location: _____ Sale Date: _____

FAX TO: Red Angus Marketing Programs (888) 829-6052