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