

Aberdeen Livestock Sales Co.
P.O. Box 1827 Aberdeen, SD 57402
605-225-2062 or 888-246-9952 Fax: 605-225-3882

CERTIFICATE OF VACCINATION and COUNTRY OF ORIGIN DECLARATION

Consignor Name _____ Sale Date _____

Address _____

Phone # _____ Number of Cattle _____

Cattle Description _____

Source Verification

Home Raised or Purchased or Both

Date first calf was born: (if home raised) _____

EID Tagged: Yes or No Program name: _____

Spring Vaccinations

Clostridial 7 way name: _____ Date given: _____

4-way or 5-way name: _____ Date given: _____

Pasteurella Shot name: _____ Date given: _____

Mycoplasma _____ Date given: _____

Additional Shots: _____

Fall Vaccinations

Clostridial 7 way name: _____ Date given: _____

4-way or 5-way name: _____ Date given: _____

Pasteurella Shot name: _____ Date given: _____

Mycoplasma _____ Date given: _____

Additional Shots: _____

Weaning Vaccinations

Clostridial 7 way name: _____ Date given: _____

4-way or 5-way name: _____ Date given: _____

Pasteurella Shot name: _____ Date given: _____

Mycoplasma _____ Date given: _____

Additional Shots: _____

DATE WEANED: _____

Additional Information

Creep Fed: YES or NO

Bovatec or Rumensin in creep feed? YES OR NO

Knife Cut or Banded

Implanted YES or NO

If yes, Date when last implanted _____

Dewormer or Pour-on: _____ Date given: _____

I attest that all livestock referenced by this document are of United States Origin.

Date

Consignor's Signature