

Seller #:	Name:	Sale Date:
Weaning Date:	Fall Shots First Dose:	Fall Shots Booster:

7/8 Way:

Alpha 7	Fortress 7
Bar-Vac 7	Ultrabac 7
Caliber 7	Ultrachoice 7
Calvery 9	Vision 7
Covexin 8	Vision 8
Electroid 7	

7/8 Way + Haemophilus:

Bar-Vac 7/Somnus
Ultrabac 7/Somubac
Vision 7 Somnus
Vision 8 Somnus

7 Way + Pasteurella:

One Shot Ultra 7
One Shot Ultra 8

4/5 Way: IBR,BVD,BRSV,&PI3

Arsenel 4:1	Pyramid 5
Bovishield Gold 5	Titanium 5
Cattlemaster Gold 5	Triangle 5
Express 5	Virashield 6
Pyramid 4	Vista 5 SQ

4/5 Way + Haemophilus:

Express 5 + HS
Virashield 5 + Somnus
Virashield 6 + Somnus
Resvac 4/Somubac

4/5 Way + Pasteurella:

Bovishield Gold One Shot
Pyramid 5 + Presponse
Triangle 4+ PH-K
Vista Once SQ

7 Way + Pinkeye:

Alpha 7/MB-1
Piliguard Pinkeye 7
Vision 7 20/20 w/ Spur

Intranasal:

Nasalgen IP (IBR&PI3) Inforce 3 (IBR,BRSV&PI3)
TSV-2 (IBR&PI3)

Haemophilus:

Somubac Somushield

Pasteurella:

Nuplara	Pulmoguard PHM1
One Shot	Presponse HM
Once IN	Respishield HM
Once PMH	

Pinkeye:

Federal Autoginus	Piliguard Pinkeye Triview
Piliguard Pinkeye 1	Pinkeyeshield XT4

Foot rot:

Fusogard

Poured: (External &/or Internal Parasites)

Boss	Exile
Cyductin	Ivermectrin
Cylence	Ivomec
Dectomax	Saber
Delice	

Injectable or Oral Dewormer:

Cyductin (Injectable)
Dectomax (Injectable)
Ivermectrin Generic (Injectable)
Ivomec (Injectable)
Longrange (Injectable)
Panacur (Oral)
Safeguard (Oral)
Synanthic (Oral)

Branding Time Shots:

7/8 Way:
Haemophilus:
4/5 Way:
Pasteurella:

Pinkeye:
Implant:
Injectable Dewormer:
Poured:

Other Information:

No Implants	Knife Cut
Shots in the neck	Banded
All Natural	No Creep Feed
Bangs	BQA Certified
Bunk Broke	7 Way At Birth
Fall Implant:	

Age & Source Verification/NHTC:

Company:

County:

State:

Birth Dates: _____ to _____, _____

Country of Origin Affidavit: As an affidavit is deemed by the USDA as an official record of country of origin, I attest through firsthand knowledge, normal business records, or producer affidavit(s) that all livestock referenced by this document or other communications specific to the transaction and transferred are of USA origin. Should the origin of my livestock become other than that described above, I agree to notify the Buyer/Agent when this occurs. This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to Philip Livestock Auction (Agent/Buyer).

Consignor: _____

It is the responsibility of the consignor to complete this form correctly. Philip Livestock Auction is not responsible for inaccurate information.
Philip Livestock Auction, LLC, PO Box 875, Philip, SD 57567, 605-859-2577/Fax 605-859-2697/ www.philiplivestock.com