

## Atlantic Canada's Livestock Marketing Centre

P.O. Box 293 *Phone:* (902)893-9603 Truro, NS B2N 5C1 *Fax:* (902)893-4483

## Feeder Registration & Vaccination Declaration Form Feeder Sale Date:

\*Please note that all cattle must be tagged with CCIA tags prior to leaving the herd of origin\*

Producers are encouraged to pre-register cattle well ahead of the sale date

\*To qualify for vaccine rebate please attach vaccination vet receipt\*

Producer Name:					
Address:					
City:		Province:	Postal Code:		
Phone: (home)	(cell)	ell) Email:			
Cattle Descriptio	n: Steers: Heife	rs: Bulls:_	Bulls: Total Feeder Entries:		
Health Chart	Product Name	Date of 1st Shot	Date of Booster	Supplier	
Vaccination					
Blackleg					
Selenium Status					
Parasite Control					
	Implant Status:	Age Verified:	Castration by:	Castration Method:	
	O None O Single O Double	O Yes O No	O You O Vet	O Ring O Knife O Pinched	
**Do you grant ASL permission to list your cattle on its' website prior to the sale date: YesO NoO					
Declaration: I hereby declare that the information contained on this form is accurate and complete.					
Signed:					
(Producer Signature)			(yyyy/mm/dd)		

Completed forms may be faxed to (902)893-4483 or email: ndixon@atlanticstockyards.com

If you have any questions or concerns please contact ASL or e-mail Natalie Dixon at ndixon@atlanticstockyards.com