

CRAWFORD LIVESTOCK MARKET, LLC  
P O BOX 525\*\*CRAWFORD NE 69339\*\*308-665-2220  
GENERAL AFFIDAVIT  
CALVES & YEARLINGS

CONSIGNOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF SALE: \_\_\_\_\_

VACCINATION RECORD

DATE OF BRANDING: \_\_\_\_/\_\_\_\_/\_\_\_\_

VACCINE USED	IMPLANT	WORMER
_____	_____	_____
_____		
_____		
_____		
_____		

DATE PRECONDITIONED: \_\_\_\_/\_\_\_\_/\_\_\_\_

VACCINE USED	IMPLANT	WORMER
_____	_____	_____
_____		
_____		
_____		
_____		

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

OWNER/MANAGER SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

THANK YOU!!