

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

CONSIGNOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

DATE OF SALE: _____

VACCINATION RECORD

DATE OF BRANDING: ____/____/____

VACCINE USED	IMPLANT	WORMER
_____	_____	_____

DATE PRECONDITIONED: ____/____/____

VACCINE USED	IMPLANT	WORMER
_____	_____	_____

WEANING DATE _____

COMMENTS: _____

OWNER/MANAGER SIGNATURE: _____

PHONE NUMBER: _____

THANK YOU!!