

REGISTRATION FORM  
Electronic Feeder Cattle Sale

Les Producteurs  
de bovins du  
Québec



**Seller Information**

Business Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
VBP+ Certificate No.: \_\_\_\_\_ Attestra Site No.: \_\_\_\_\_

**Feeders Calves Information**

Name of other producers putting together the batch of calves: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of calves: \_\_\_\_\_ Average weight: \_\_\_\_\_ lb  
Sex:  Dehorned and castrated males Minimum weight: \_\_\_\_\_ lb  
 Dehorned females Maximum weight: \_\_\_\_\_ lb  
Age of calves: \_\_\_\_\_ months **Reserve price:** \$ \_\_\_\_\_ /lb

**Weaned Calves**

If yes, duration of the preconditioning period: \_\_\_\_\_ days

**Breed and color of calves (%)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The calve's weight corresponds to:**

- Estimated current weight
- Estimated weight at the time of handling
- Certified tare weight as of: \_\_\_\_\_
- Individually weighed at the farm as of: \_\_\_\_\_

**Where, near your business, is located the certified scale:** \_\_\_\_\_

**Feeding**

Current feed rations : \_\_\_\_\_  
Access to fermented foods? If yes, name product(s): \_\_\_\_\_

**Treatment (vaccine, dewormer, implant, other) and administration date of each treatment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vaccination of the breeding herd**

**Transport of calves (specificities)**

**Brief description of your business**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the information provided herewith is correct.

\_\_\_\_\_  
**Seller's Signature**

\_\_\_\_\_  
**Date**