## **REGISTRATION FORM**





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:	
	The weights indicated are estimates at the loading time, including a 3% deduction for transport shrinkage.
Number of calves:	Average weight: Ib
Sex: Dehorned and castrated males	Minimum weight:
□ Dehorned females	Maximum weight:
Age of calves: months	Reserve price: \$ /lb
Weaned Calves	
If yes, duration of the preconditioning period:	ays
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:
0/	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