

RANCH NAME: _____

CLASS ENTERED: _____

CCIA TAG #: _____

Plains / Wood / Wood X _____

Registered _____

Vaccinations: _____

Weight History: _____

Feed Program: _____

Sire Info: _____

Dam Info: _____



~ Footnotes ~

This is **VERY IMPORTANT information**, describe the animal to me like you would to someone over the phone, tell me everything about it. If write-ups aren't your favorite thing in the world, no problem, I will make it sound awesome. I just need some good info in your words to start with.

THANKS - Brennin

Please Honestly Describe the Animal using the questions below:

- Overall Conformation _____ on a scale of 1 – 10 (10 being perfect, 5 Average, 1 Terrible)
- Body Condition _____ (Below Average, Average, Good Flesh, Heavy Flesh)
- Temperament _____ (Aggressive, Below Average, Average, Quiet, Very Quiet)
- Legs _____ (Below Average, Average, Correct, Very Correct)
- Feet _____ (Below Average, Average, Correct, Very Correct)
- Length _____ (Below Average, Average, Very Long, Exceptionally Long)
- Width _____ (Below Average, Average, Very Thick, Exceptionally Thick)
- Grain or Grass Fed _____ (Grass Only, On Grass with a Grower Pellet, Grain Only)

Send this Sheet and the Vet Work Sheet to Brennin Jack **NO LATER THEN FEBRUARY 22nd**

Email: info@jackauctiongroup.com

Please Scan and Email!

If you have any questions at all, please, do not hesitate to call or text BRENNIN 306-641-9285



VET WORK SHEET

RANCH NAME _____

RFID # _____



Each Entry MUST HAVE a CCIA APPROVED RFID and DANGLE TAG MATCHING THE LAST 3 DIGITS
Please apply the tags in opposite ears

ITEM	CIRCLE ONE	VET INITIAL
MATCHING RFID & DANGLE TAG	YES NO	
AGE VERIFIED by MOUTHING PLEASE CIRCLE ON THE MOUTHING CHART	YES NO	
TREATED FOR PARASITE CONTROL IVOMECH - DECTOMAX - CYDECTIN	YES NO	
SEmen EVALUATION (ATTACH TEST) re: YEARLING OR TWO-YEAR-OLD BULL	PASS FAIL	
PREGNANCY TEST - Certified Open - 2019 YEARLING HEIFERS	BRED OPEN	
PREGNANCY TEST - Certified Bred- 2018 TWO-YEAR-OLD HEIFER	BRED OPEN	

MOUTHING CHART [Please Circle One]

Yearling



Two-Year-Old



Three-Year-Old



Accredited Veterinarian

I state that the above information is accurate and to the best of my knowledge.

I declare that there is no evidence of a contagious disease in this animal.

I further state that this animal was tagged with an approved CCIA Bison RFID Tag and Dangle Tag, and the DANGLE TAG Numbers match the last three digits of the RFID Tag listed on the top of this document.

Signature of DVM

Date

Name of VET CLINIC

Phone Number