



ANGUS Entry Form

Please return all information, COMPLETED IN FULL

Sale Managed By:
Conover
Auction Service
AL & JEANNE CONOVER
 641-227-3537 - 641-227-3792 (FAX)
DAVE SWEENEY - 641-373-4340
 www.conoverauction.com
 conover@conoverauction.com

NAME of SALE: 2018 NW Foundation Female Sale

(Please enter name and address as you want it to appear in the catalog. Also note if you want cell number and email listed)

FARM/RANCH NAME: _____ AAA Member # _____

OWNER: _____ PASSWORD _____

ADDRESS: (Please use 911 Address) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #s: (Home) _____ (Cell) _____ (Work) _____

(FAX) _____ Email: _____

ANIMAL NAME: _____ Sex: B ___ C ___

Birth Date: _____ Reg# _____ Tattoo: _____

PEDIGREE—Fill Out Information on Back (If Animal is not registered or if consigning Embryos or Semen)

Please complete the production information below if you will not be submitting your password

Actual/Adjusted Weights:

BW	BWR	Adj. 205	205 Ratio	Adj. 365	365 Ratio

Adj. Measurements:

% IMF	REA	Rib FAT	Rump FAT

Dam's Production:

BWR	WWR	YWR

SCROTAL _____ cm

PELVIC _____ cm

FRAME SCORE _____

Calf Hood Vaccinated? Yes or No

BREEDING INFORMATION

AI'd To: _____

AI'd Date: _____

AI Reg.#: _____

Pasture Exp. To: _____

From: _____ To: _____

Examined Safe _____ to AI or Pasture Est. Due _____

IF SELLING WITH NEW BORN CALF

Calf Name: _____

Birth Date: _____ Sex: _____

Tattoo: _____ BW _____

Sire: _____



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Please return all information, COMPLETED IN FULL

ANIMAL NAME: _____ Sex: B__ C__

Birth Date: _____ Reg# _____ Tattoo: _____

Embryos : _____ **Grade(s):** _____

Stored at (name of facility, city and state): _____

PEDIGREE - Fill in or Attach copy of Registration

(Must be completed if Registration Pending)

SIRE _____

Reg.#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DAM _____

Reg.#

_____	_____
_____	_____

FOOTNOTES: *This will help us market your cattle.*
