

SALERS ENTRY FORM

Please COMPLETE 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: _____

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

Farm/Ranch Name: _____ ASA Member #: _____

Owner: _____ Password: _____

Address (Please use 911 address): _____

City: _____ State: _____ Zip Code: _____

Phone Numbers (Home): _____ (Cell): _____

(Work): _____ (Fax): _____

(Email): _____

ANIMAL NAME: _____ Sex: B ___ C ___

Birth Date: _____ Reg #: _____ Tattoo: _____ Color: _____

FB ___ PB ___ % ___ Horned: ___ Polled ___ Scurred ___

PEDIGREE

(Please include a copy of the animal's pedigree with this form. If the animal is not registered, please fill in below.)

SIRE: _____ Reg # _____

DAM: _____ Reg # _____

BREEDING INFORMATION

A.I. bred on _____

to _____

Pasture exposed from _____ to _____

to _____

___ Vet or ___ ultrasound examined safe and estimated due

_____ to _____

IF SELLING WITH NEWBORN CALF

Calf Name: _____

Birth Date: _____ Sex: _____

Tattoo: _____ BW _____ lbs

Sire: _____

SCROTAL _____ cm PELVIC _____ cm

FRAME SCORE _____

Calfhood Vaccinated? _____ Yes or _____ No

FOOTNOTES

(Footnotes give us additional information that will help us market your cattle.)
