



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: *Hawkeye Country*

(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) →

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: _____

Additional Information on Back of Page →



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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.*
