



RANCH NAME _____

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

ANIMAL NAME _____ DOB _____

PRIVATE HERD # _____ REGISTRATION # _____ TLBAA _____ OR ITLA _____

HORN MEASUREMENT _____ TTT _____ TH _____ DATE _____

ALL CATTLE MUST BE CALFHOOD VACCINATED. OCV'D YES / NO

CALF AT SIDE: DOB _____ SEX _____ SIRE _____

BREEDING INFO ON COW: A.I. DATE _____ SIRE _____

EXPOSED FROM _____ TO _____ SIRE _____

EXPOSED FROM _____ TO _____ SIRE _____

CATALOG COMMENTS _____

PLEASE SUBMIT CONSIGNMENTS TO: LORI MCCARTY, 817-991-8825
125 WILSON LANE, WEATHERFORD, TX 76087
BRUCEMCCARTYPROMOTIONS@GMAIL.COM