



Dennis Adams
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SALE:
(Please duplicate this form if you need additional copies)

RANCH NAME: OWNER:

ADDRESS: CITY: STATE: ZIP:

TELEPHONE #'S: Home: Office: Other:

Animal's Name: Herd#: AICA #:

Birthdate: Polled: Polled/Scurs: Dehorned: Horned:

Please Circle applicable items:

Sex of Animal Fe M
Calfhood Vaccinated Yes No
Halter Broke Yes No
Picture included Yes No
Registration Papers Yes No
Entry fee included Yes No
\$/lot
Amount: \$
Ck#

Calf Information: (If applicable)

Calf's Name: Herd #:

Birthdate: AICA #:

Sex of Calf: Fe Male Birth Weight:

Polled: Polled/Scurred: Dehorned:

Sire: AICA #: M

Sire Owner: Signing Fee: \$

Address:

Calfhood Vaccinated: Yes No Halter Broke: Yes No
Registration Papers: Yes No Application Papers: Yes No

Breeding Information:

A-I Dates: Sire: AICA #: M

2nd A-I Date: Sire: AICA #: M

Pasture Dates:
From to Sire: AICA #: M

From to Sire: AICA #: M

COMMENTS: Please use additional paper for Footnotes if needed.
Also include all Performance information, including lifetime weaning ratios on Cows, if you have this information.