

Better Beef Source Verification Form

Buyer # _____

Contact # _____

Ship Date _____

Sex _____

Ranch Name: _____

Ranch Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Fax: _____

Mobile Phone: _____

E-mail: _____

***Important Info ***

Calving Dates: _____ to _____

Weaning Date: _____ Date Castrated: _____ Castration Method: Knife cut Banded

STRS: Headcount _____ HFRS: Headcount _____ Date Implanted: _____

Description of Cow Herd

Cow Base (breeds): _____

Bull Breeds & Source: _____

Vaccination and Preconditioning Record

Brand(s)

Location

Head Processed _____

#	Initials of Processor	Site	Product and Manufacturer	Dosage	Dates of Admin.	
Branding						
Pre-Conditioning						
Re-Vaccinate						

Comments: _____

I attest that all livestock referenced by this document and transferred are of United States origin.

I hereby certify the above information to be true and accurate to the best of my knowledge.

Signed: (Owner/Manager)

Better Beef Source Verification Form

Site Location

- 1 In Front of Shoulder - Subcutaneous
- 2 In Front of Shoulder - Intramuscular
- 3 Behind Shoulder - Subcutaneous
- 4 Behind Shoulder - Intramuscular
- 5 Hip - Intramuscular
- 6 Other _____