

Better Beef Source Verification Form

Ranch Name/Contact: _____

Address: _____

City, St. Zip Code _____

Home Phone/Cell Phone: _____

Calving Dates: _____ to _____ Implants/Product: _____

Weaning Dates: _____ Date Castrated _____ knife _____/Banded _____

Description of Cow Herd: _____

Bull Breeds& Source _____

Product & Manufacturer

Dates of Admin.

Birth:

Branding:

Pre Conditioning:

Re-Vaccinate:

Comments:

Signed: (Owner/Manager: _____)