

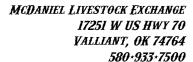
MCDANIEL LIVESTOCK EXCHANGE 17251 W US HWY 70 VALLIANT, OK 74764 580+933+7500

Check Payable To:				
Address:				
Phone Number:		Email:	Email:	
Contact Person:				
General Description of Catt	tle:		Head Count:	
1. WEANING		_		
Weaning Date:				
	60 days prior to the sa minimum of 60 days	le		
2. REQUIRED VACCINAT	IONS			
Any brand of vaccinations recommended by a veterinarian may be used.				
_		ccine for IBR—BVDP		
		ster at weaning and revac	cinate 14-21 days later	
Vaccine Lot/Serial#	Exp. Date:			
Date Administered:	Booster Date:	Booster Lot/Serial#		
Booster Lot/Serial #	Exp. Date:			
Vaccine: Produced by:				
B. Pasteurella Vaccir	ne *Administer at wean	ing		
Vaccine Lot/Serial#				
Expiration Date:				
Date Administered:				
Vaccine:	Pro	duced by:		



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, sufficient quantities to main	
etions product es properly.	
GUARANTEED OPEN*	**
	ctions product





Please return completed form to our office no later than November 6, 2021

OFFICE HOURS:

Monday 8:00 AM - until the end of sale

Tuesday - Wednesday 9:00 AM - 4:00 PM

Thursday 9:00 AM - 1:00 PM

Office closed on Friday and Saturday

****Tag numbers given****

****Please list all tag numbers you used****

Email, fax or bring completed forms by the office Thank you!

Office: 580-933-7500 Fax: 580-933-7502

Roger: 580-286-1917 Mark: 903-826-5582

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