

**STATE OF CALIFORNIA
BILL OF SALE OR CONSIGNMENT**

Date _____

Approved and Distributed by: Bureau of Livestock Identification, Department of Food and Agriculture
1220 "N" Street, Sacramento, CA 95814 - Office: (916) 900-5006

Check One:
 Pasture Movement
 Consigned
 Sold

Cattle Can Be Held if Document is Incomplete

Name of Buyer, if applicable _____ Buyer's Phone No. _____

Transported by: _____
Carrier's Name and Vehicle License

Loaded at: _____
Town and County

Destined for: _____
Auction Yard, Town, Feedlot, Slaughterhouse

# HEAD	SEX	BRAND	LOC	COLOR/ BREED	LOT # EARTAG	CERT #

Buyer's Address _____ City _____ State _____

I hereby certify under penalty of perjury, that the information provided is true and correct, and that all eligible female cattle are Brucellosis vaccinated and bear the evidence of such vaccination as required by the California Food & Agricultural Code, Sections 10351 and 10512. I further certify that, to the best of my knowledge, none of the cattle described herein are adulterated within the meaning of the Federal Food, Drug and Cosmetic Act (i.e., none of the cattle have been fed any feed containing protein derived from mammalian tissues, e.g. meat and bone meal, not in compliance with 21 CFR 589.2000 and none cattle have an illegal level of drug residues).

This document is subject to the provisions of any underlying sale or consignment agreement.

Owner's Name _____

Owner's Address _____

City _____ State _____ Zip Code _____

County _____ Phone No. _____

Signature of Owner or Authorized Agent _____

Only For Use in California - Transfer of Ownership Requires Brand Inspection

TURN TOP HALF INTO FAIR OFFICE WITH CONTRACT. MUST BE PRINTED ON YELLOW PAPER!

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Name of Buyer, if applicable _____ Buyer's Phone No. _____

Transported by: _____
Carrier's Name and Vehicle License

Loaded at: _____
Town and County

Destined for: 24A-DAA, Kings Fair Hanford
Auction Yard, Town, Feedlot, Slaughterhouse

# HEAD	SEX	BRAND	LOC	COLOR/ BREED	LOT # EARTAG	CERT #

Buyer's Address _____ City _____ State _____

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Owner's Name _____

Owner's Address _____

City _____ State _____ Zip Code _____

County _____ Phone No. _____

Signature of Owner or Authorized Agent _____

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TURN BOTTOM HALF INTO LIVESTOCK OFFICE DURING FAIR CHECK-IN. MUST BE PRINTED ON YELLOW PAPER