



Red Angus Marketing Programs

RED ANGUS FEEDER FAX Information

Name: _____

Town: _____ State _____

Phone: _____ (home) _____ (office) _____ (cell)

E-mail: _____

Number of head: _____ (steers) weight _____
_____ (heifers) weight _____

FCCP Tagged _____ (yes) _____ (no)

Group Age: _____ (MM/DD/YYYY of first calf born)

Breed type: RED ANGUS Sire Source: _____

Breed of parent cow herd _____

Castration: _____ (Knifecut) _____ (banded)

Implants: steers: _____ (no) _____ (yes) _____ (product used)
heifers: _____ (no) _____ (yes) _____ (product used)

Heifers Bangs vaccinated _____ (yes) _____ (no) _____ (n/a)

Vaccinations/ _____ (date) _____ (products used)

Medications: _____ (date) _____ (products used)

_____ (date) _____ (products used)

_____ (date) _____ (products used)

Weaned: _____ (no) _____ (yes) _____ (number of days)

Comments: _____

Sale Method: _____ (off ranch, sale barn, video) _____ (delivery date)

Sale Barn/Video Auction Name: _____ LOT# _____

Barn/Video Phone# _____ Website: _____

Satellite Channel: _____ Sale Location: _____ Sale Date _____

FAX TO: Red Angus Marketing Programs (940) 383-4036