

Greenville Livestock Auction Vaccination Affidavit

Consignor Name _____

Contact Person _____ Phone# _____

Address, City, State, Zip _____

of Head _____ GLA tag # _____ to _____

5-way viral vaccination for IBR, BVD I & II, PI3 BRSV & booster.

Brand Name: _____ Date administered: _____

Brand Name: (modified live) _____ Date boosted: _____

Clostridial 7-way vaccination & booster.

Brand Name: _____ Date administered: _____

. Date boosted: _____

Haemophilus somnus and booster.

Brand Name: _____ Date administered: _____

Date boosted: _____

Pasteurella – Mannheimia & Haemolytica and booster (according to Mfg instructions)

Brand Name: _____ Date administered: _____

(According to Mfg instructions) Date boosted: _____

Internal & External Parasite Treatment.

Brand Name: _____ Date administered: _____

Weaning Date: _____

I have purchased GLA ear tags to enroll in the **GREENVILLE LIVESTOCK AUCTION VACCINATION PROGRAM**. In doing so, I agree when it is time to market my feeders or yearlings, I will contact Steve Carruthers of GREENVILLE LIVESTOCK AUCTION, INC. and allow them first opportunity to market my cattle for me. If I choose not to market my cattle at GREENVILLE LIVESTOCK AUCTION, INC. I agree to remove the GLA ear tags and return them to auction market and I will receive reimbursement for the purchase price of the returned tags. I certify that the above information is accurate as stated.

Producer signature: _____ Date: _____

GLA Agent: _____ Date: _____