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CONSIGNMENT AND VACCINATION FORM

Consignor Name / Ranch: _____

Address: _____ City / State / Zip _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Consignment for Sale Date: _____

Breed/Color: _____ Brand: _____ All Natural: _____ Age & Source Verified: _____

Number of Head: Cow _____ Calves _____ Steers _____ Heifers _____ Bulls _____

Vaccination Program: _____

Feed: _____

Implanted: _____ Weaned: _____ Wormed: Pour-On / Injectable / Drench

Additional Comments: _____

Signature

Date

Please complete and fax or email to 806-352-4945, email: lonestarstockyards@gmail.com or send with cattle