



Listing Sheet

Sale Date: _____

Owner: _____

Address: _____

Phone Number _____ Age Verified _____

Lot A:
Head: _____ Kind: _____ Breed: _____

Frame: _____ Flesh: _____ WtRg: _____ Base: _____

Lot B: Head: _____ Kind: _____ Breed: _____

Frame: _____ Flesh: _____ WtRg: _____ Base: _____

Lot C: Head: _____ Kind: _____ Breed: _____

Frame: _____ Flesh: _____ WtRg: _____ Base: _____

Weigh Conditions: _____

Shrink: _____ Slide: _____ Scale: _____

FOB: _____ Del Date: _____

Feed: _____

Health: _____

General Description: _____

Please Sign to confirm the above information is correct.

Signature of Owner: _____

Representative: _____