

North Dakota Beef Quality Assurance Program Records Transfer Form

Please print the form -



TRANSFERRED FROM (SELLER'S INFORMATION)

Operation/Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 NDBQA Certification Number and brand if branded _____
 Phone Number _____ County _____

Date Transferred: _____; Total Head Transferred: _____; Tag Number Range: _____

If individual tag numbers of cattle transferred are known, please attach a list of those numbers to this form.

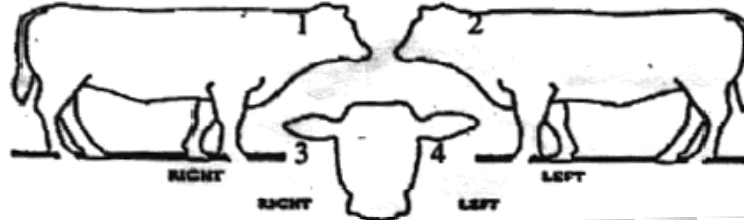
Cattle Description

Breed Type	Color	Sex	Date of Birth	Approximate Weight	Weaning Status

Group Treatment Information

(Individual treatment records are available upon request)

M=Intramuscular
 SC=Subcutaneous
 IN=Intranasal
 T=Topical
 Implant=Implant



1=Animals' right neck
 2=Animal's left neck
 3=Animal's right ear
 4=Animal's left ear

Date Example	No. of Head	Sex	Product	Lot#	Company	Dose	Route of Administration	Initials of Processor

I certify that the cattle listed above will qualify for the North Dakota Beef Quality Assurance (NDBQA) Program. The above cattle have been managed and produced according to the guidelines of the NDBQA Program and all records are available to the next operator/owner and NDBQA program staff upon request.

Signature _____ Date _____

TRANSFERRED TO (Buyers Information)

Operation/Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 Manager Name _____ State & Certification No or Brand _____
 Phone No. _____ County _____

AUCTION MARKET INFORMATION		Marketed at _____	
Lot Number	Number of Head	Lot Number	Number of Head
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please print 4 Record Transfer forms. Fill out required information. 1 copy to next owner, 1 copy to auction market, 1 copy for your records and 1 completed copy needs to be sent to: Lisa Pederson, NDSU Extension Service, 2718 Gateway Ave., #104, Bismarck, ND 58503