



Lebanon Auction Yard
37063 Kgal Dr
Lebanon, OR 97355
541-259-1251

VACCINATION RECORD

CONSIGNOR _____

HEAD COUNT _____ STRS _____ HFRS _____

APPROXIMATE WEIGHT _____

1ST ROUND VAC. DATE: _____

VACC. NAME _____

2ND ROUND VAC. DATE: _____

VACC. NAME _____

WEANING DATE: _____

(MUST BE 30 DAYS OR GREATER)

SIGNATURE _____ DATE _____