

Wisconsin Grass-fed Beef Cooperative Animal/Source Verification & Bill of Lading

PLEASE NOTE: Failure to complete this form with ID numbers for each animal may result in fines, and the processor reserves the right to reject any animal sent without a tag. **Pick up will be at owner's expense.**

Farm / Contact Name _____

Address _____

Phone: _____ Email or text: _____

DESCRIPTION OF ANIMALS SHIPPED *(use back of sheet if additional space needed)*

	Animal Breed and/or Color	Age or DOB	Sex (S, H, C, B)	Live weight or estimate	ID Tag/s No. & Color:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

I verify the animal(s) described above qualify for sale through the WGBC and meet standards outlined in the WGBC production protocol provided to members.

Member signature _____ Date: _____

Bill of Lading format below

Delivery date: _____ Processor: _____

Animals transported by: _____

Received by: _____ Date/ Time: _____

Please **complete** this form and provide when cattle are delivered. Make copies as necessary.

Any questions or concerns, call 800-745-9093 or email: josh@wisconsingrassfed.coop