

CANADIAN WESTERN  
**Agribition**

Box 3535, Regina, Sask, Canada, S4P 3J8  
www.agribition.com

**COMMERCIAL CATTLE  
BULL PEN ALLEY  
ENTRY FORM**

Entries close November 1 for Feeder & Replacement Calves & Bred Heifers  
October 15 for Bull Pen Alley  
(Fees must accompany entry. GST payable on all fees)

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Breed \_\_\_\_\_ Section \_\_\_\_\_ Class \_\_\_\_\_  
Pen of: Five \_\_\_\_\_, Ten \_\_\_\_\_, or Twenty \_\_\_\_\_; Steers \_\_\_\_\_, Heifers \_\_\_\_\_  
Pen of Three Bulls \_\_\_\_\_ Birth Year \_\_\_\_\_  
Sire (Breed of) \_\_\_\_\_ Reg.No \_\_\_\_\_  
Dam (Breed of) \_\_\_\_\_ Reg No \_\_\_\_\_

**ADDITIONAL INFORMATION**

**\*A reminder to all exhibitors, that all cattle must be identified with tags approved by the Canadian Cattle Identification Program.**

**\*\*All Commercial Cattle MUST be Age Verified.**

**BULL PEN ALLEY: Pen information sheet MUST be submitted with this form.**

**BREEDING INFORMATION FOR PENS OF BRED HEIFERS:**

Bull exposure dates: \_\_\_\_\_

Breed of exposure bull: \_\_\_\_\_

Expected calving dates: \_\_\_\_\_

**All Commercial Cattle and Prospect  
Steer & Heifer entries MUST be  
accompanied by Pre-conditioning  
forms and a signed  
Livestock Owner's Certificate.**

I hereby declare that these entries are made in accordance with  
the rules and regulations of Canadian Western Agribition.

\_\_\_\_\_  
Signature of Owner or Agent

*NOTE: Complete one entry form for each pen entered.*

*Retain a copy for your records.*



Calves must be at least 4 months of age at the time of preconditioning vaccination.

**2. Vaccination History:**

<b>Modified Live Vaccine:</b>	Date: _____	IBR	<input type="checkbox"/>	PI <sub>3</sub>	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
Trade Name: _____		Lot/Serial Number: _____							
<b>Killed Vaccine:</b>	Date: _____	IBR	<input type="checkbox"/>	PI <sub>3</sub>	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
<b>Killed Vaccine Booster:</b>	Date: _____	IBR	<input type="checkbox"/>	PI <sub>3</sub>	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
Trade Name: _____		Lot/Serial Number: _____							
<b><i>Histophilus somni</i></b>	Date Vaccinated: _____	Booster Date: _____							
Trade Name: _____		Lot/Serial Number: _____							
<b>7 or 8 way Clostridial Vaccine</b> Date Vaccinated: _____									
Trade Name: _____		Lot/Serial Number: _____							
<b><i>Mannheimia haemolytica (Pasteurella)</i></b> Date Vaccinated: _____									
Trade Name: _____		Lot/Serial Number: _____							

**3. Treatment History**

Treatment	Product	Date Administered
<i>Internal and External Parasites</i>		
Vitamin AD		
Other treatments		

**Owners Certification:**

I certify that the calves have received the treatments indicated and were weaned at least 21 days prior to sale date.

\_\_\_\_\_  
(Owner's Name, please print)

\_\_\_\_\_  
(Owner's signature)

**Veterinary Certification:**

I certify the *owner* has purchased the products as indicated and to the best of my knowledge, this is an accurate statement of the procedures performed on these calves. This certificate is not a guarantee of future health or performance of the cattle identified and sold under this program.

Certified by: \_\_\_\_\_  
(Veterinarian)



## CERTIFICATION OF AGE VERIFICATION

The undersigned certifies that Cattle entered at Canadian Western Agribition - Commercial Cattle Show and Sale have been Age Verified with CCIA (Canadian Cattle Identification Agency):

This Form must accompany the Age Verification Birth Certificates.

The undersigned also authorizes inspection of his/her Age Verification Records.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name of Owner

\_\_\_\_\_  
Print name of Authorized Agent (if applicable)

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Street Address/P.O. Box of Owner

\_\_\_\_\_  
City/Province/Postal Code



## Livestock Owner's Certificate

The undersigned certifies that to the best of his/her knowledge, as to the date of shipment or delivery to: Canadian Western Agribition - Commercial Cattle Show and Sale, Prospect Calf Show & Sale and Market Steer Show & Sale:

(i) None of the livestock shipped or delivered will have been adulterated within the meaning of the United States Federal Food, Drug and Cosmetic Act - **"none of the cattle or other ruminants will have been fed any feed containing protein derived from mammalian tissues"**, ie meat and bone meal (as that term is defined in 21 CFR 589.2000).

(ii) None of the livestock will have an illegal level of drug residue.

(iii) None of the livestock have been fed prohibited material, **"none of the cattle or other ruminants will have been fed anything that is, or that contains any protein that has originated from a mammal"**, i.e. meat and bone meal as prohibited by sections 162(1) and 164 of the Canadian Health of Animals Regulations, SOR/91-525, as amended.

The undersigned also authorizes inspection of his/her feed records and feed facilities at locations from which cattle under the undersigned's direction (or ownership) are fed.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name of Owner

\_\_\_\_\_  
Print name of Authorized Agent (if applicable)

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Street Address/P.O. Box of Owner\

\_\_\_\_\_  
City/Province/P.Code