



ANGUS Entry Form

Please return all information, COMPLETED IN FULL

Sale Managed By:
CONOVER AUCTION SERVICE Inc. 
 Box 9
 Baxter, IA 50028
 AI & Jeanne Conover
 (641) 227-3537 • Fax (641) 227-3792
 Email: conover@conoverauction.com

NAME of SALE: 2009 ND State Select Sale

(Please enter name and address as you want it to appear in the catalog. Also note if you want cell number and email listed)

FARM/RANCH NAME: _____ AAA Member # _____

OWNER: _____ PASSWORD _____

ADDRESS: (Please use 911 Address) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #s: (Home) _____ (Cell) _____ (Work) _____

(FAX) _____ Email: _____

ANIMAL NAME: _____ Sex: B ___ C ___

Birth Date: _____ Reg# _____ Tattoo: _____

PEDIGREE—Fill Out Information on Back 

Production EPDs

Maternal EPDs

CED	BW	WW	YW	CEM	Milk	\$EN

Actual/Adjusted Weights:

BW	BWR	Adj. 205	205 Ratio	Adj. 365	365 Ratio

Dam's Production:

BWR	WWR	YWR

\$W _____ \$F _____ \$G _____ \$B _____

Ultrasound Body Composition EPDs / Acc.

% IMF	REA	FAT	% RP

Adj. Measurements:

% IMF	REA	Rib FAT	Rump FAT

Interim Carcass EPDs:

CW	MB	REA	FT

SCROTAL _____ cm

PELVIC _____ cm

FRAME SCORE _____

Calf Hood Vaccinated? Yes or No

BREEDING INFORMATION

AI'd To: _____

AI'd Date: _____

AI Reg.#: _____

Pasture Exp. To: _____

From: _____ To: _____

Examined Safe _____ to AI or Pasture Est. Due _____

IF SELLING WITH NEW BORN CALF

Calf Name: _____

Birth Date: _____ Sex: _____

Tattoo: _____ BW _____

Sire: _____

Additional Information on Back of Page 



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Please return all information, COMPLETED IN FULL

ANIMAL NAME: _____ **Sex:** B__ C__

Birth Date: _____ **Reg#** _____ **Tattoo:** _____

PEDIGREE - Fill in or Attach copy of Registration

(Must be completed if Registration Pending)

SIRE _____

Reg.# _____

DAM _____

Reg.# _____

FOOTNOTES: *This will help us market your cattle.*

