

Health Paper Information Sheet

Sale Date: _____

Date the cattle will be loaded _____

Total Number of copies needed: _____

Information for Heath Paper

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Phone #: _____

Bill to Name: _____

Order Buyer Name & Phone number: _____

Special instructions: _____

Charges

I have spoken with the vet and agree to pay \$ _____ which will be added to my invoice.

Buyer signature

Date

Office use only

Bill to Name: _____ Buyer Code _____

Health Charge Applied to Customer Invoice: _____

Or need bill to: _____

Customer final invoice produced: _____

Fax _____ email _____ mail _____ Trucker _____