**North Dakota Beef Quality Assurance Program Records Transfer Form**

Please print the form -

**TRANSFERRED FROM (SELLER’S INFORMATION)**

Operation/Owner Name_______________________________________________________________
Address________________________________________________________________________________
City________________________________________________________________________State_________ Zip________________
NDBQA Certification Number and brand if branded________________________________________
Phone Number_____________________________ County_____________________________________

Date Transferred:_____________; Total Head Transferred:______________; Tag Number Range:_____________
If individual tag numbers of cattle transferred are known, please attach a list of those numbers to this form.

**Cattle Description**

<table>
<thead>
<tr>
<th>Breed Type</th>
<th>Color</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Approximate Weight</th>
<th>Weaning Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Group Treatment Information

(Individual treatment records are available upon request)

<table>
<thead>
<tr>
<th>Date</th>
<th>No. of Head</th>
<th>Sex</th>
<th>Product</th>
<th>Lot#</th>
<th>Company</th>
<th>Dose</th>
<th>Route of Administration</th>
<th>Initials of Processor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

M=Intramuscular
SC=Subcutaneous
IN=Intranasal
T=Topical
Implant=Implant

1=Animals’ right neck
2=Animal’s left neck
3=Animal’s right ear
4=Animal’s left ear

I certify that the cattle listed above will qualify for the North Dakota Beef Quality Assurance (NDBQA) Program. The above cattle have been managed and produced according to the guidelines of the NDBQA Program and all records are available to the next operator/owner and NDBQA program staff upon request.

Signature________________________________________ Date____________________________

**TRANSFERRED TO (Buyers Information)**

Operation/Owner Name_______________________________________________________________
Address________________________________________________________________________________
City________________________________________________________________________State__________________ Zip__________________
Manager Name_________________________ State & Certification No or Brand________________________
Phone No.____________________________________________________________________________ County________________________________

**AUCTION MARKET INFORMATION**

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Number of Head</th>
<th>Marketed at</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lot Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Head</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please print 4 Record Transfer forms. Fill out required information. 1 copy to next owner, 1 copy to auction market, 1 copy for your records and 1 completed copy needs to be sent to: Lisa Pederson, NDSU Extension Service, 2718 Gateway Ave., #104, Bismarck, ND 58503