Sale:_____ **Return by:** _____

Return by **Post, Fax** or **email** annie@kilkennymart.ie **or** a.kehoe@kilkennymart.ie

Sales confined to Animals with 4th Lactation or less
Animals must have; Two Tags and Tested for TB.
Calved animals must have a negative BVD test result for their calves.

Name: _____ **Herd Number:** _____
Address: _____ **Acc Number:** _____
_____
_____
Phone Number: _____

Average Herd:	**Yield**		**Protein**	
	SCC		**Butter Fat**	
	EBI		**Export Test Y/N**	
Vaccinated:	**Lepto**		**Salmonella**	
	IBR		**Cubicle Trained**	
	BVD		**Parlour Trained**	
Scanned In Calf Y/N			**Herd Test Date**	

Other Comments **Bull Details - If in Calf** _____

Please include the TB Test Date of each animal if not the same as Herd Test Date

Tag No.	TB Date	DOB	Sire	In Calf to	Date: Due/Calved	Lact	EBI