



## BQA Shipping / Transfer Release Record

I have checked the Health Maintenance, Feeding, and Treatment records for Group/Pen/Lot identification(s) or individual animal identification listed below. All the cattle have been managed to meet the recommendations and comply with all the requirements which apply to this operation in the National Beef Quality Assurance program.

Head	Group / Pens / Lot	Individual animal numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Manager and/or Owner \_\_\_\_\_

Name of Operation \_\_\_\_\_

Phone (Day and Evening) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_