

# GPP Customer Data Enrollment Form

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Ranch-Supplier Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Email address \_\_\_\_\_  
State \_\_\_\_\_

Number of steers: \_\_\_\_\_ Base Wt: \_\_\_\_\_ Asking Price: \_\_\_\_\_  
Steer slide: \_\_\_\_\_  
Steers Implanted: (Circle which applies) YES NO

Number of hfrs: \_\_\_\_\_ Base Wt: \_\_\_\_\_ Asking Price: \_\_\_\_\_  
Heifer slide: \_\_\_\_\_  
Heifers Implanted: (Circle which applies) YES NO  
Heifers Bangs Vaccinated: YES NO

Breed Type (Include color): \_\_\_\_\_  
Delivery Date: \_\_\_\_\_  
Weigh  
Condition: \_\_\_\_\_

Feed/Ration: \_\_\_\_\_  
Flesh: Steers: \_\_\_\_\_ Heifers: \_\_\_\_\_

3<sup>rd</sup> Party Age and Source Verified: YES NO; If yes, which  
company: \_\_\_\_\_ Birth date of 1<sup>st</sup> Calf: \_\_\_\_\_

Vaccination Program:(Specify brand name):

Product	Date
_____	_____
_____	_____
_____	_____

Bull Provider: (List all that apply) \_\_\_\_\_

Notes (All Natural, NHTC, Tested PI Free, etc): \_\_\_\_\_

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## For Office Use Only

Buyer \_\_\_\_\_ Sales Price \_\_\_\_\_  
Destination \_\_\_\_\_  
Delivery Date \_\_\_\_\_