



NC-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 North Carolina's Beef Quality Assurance program.

<u>Head</u>	<u>Group / Pens / Lot</u>	<u>Individual animal numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ Signature: _____

Manager and/or Owner _____

Name of Operation _____

Phone (Day and Evening) _____

Address _____

City/State/Zip _____