OMB APPROVED
0579-0101
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

SALES AND DISPOSITIONS

PAGE
1 OF _____

OWNER NAME

DATE

ADDRESS

FLOCK/HERD ID

SPECIES

Official ID *(Flock ID or Serial tag)*	Other ID 1 *(Serial tag, farm tag, registry tattoo, etc.)*	Sex *(M, F, N)*	Breed or Face Color (Sheep) or Type (Goats)	Birth Date or Estimated Age	Date Sold or Died	Remarks – died, SLB (sold for breeding), SLS (sold for slaughter), buyer information, etc.

VS FORM 5-11
NOV 2018