

**Missouri Department of Agriculture
Jacob's Cave Livestock Sales Sheet**



Seller's Name: _____ Date: _____
Seller's Address: _____ Contact Number: _____

Buyer's Name	Buyer's Full Address	Phone Number	# Sold	Ear Tag #	Sex	Age	Type

SELLER'S PRINTED NAME: _____ SELLER'S SIGNATURE: _____

Return completed form to Ethan Haslag before departing