



The Dakota Territory Buffalo Association



STACK THE DECK

PROGRAM & OPERATION DESCRIPTION



Answers to the following questions must be provided to the DTBA by **January 1st** so that the sale catalog can be completed for marketing and distribution. Please note that this information is required unless otherwise noted. Provide answers to the questions to the best of your knowledge, but remember that this is your opportunity to represent your animals and your program. The more information you provide the better.

Please completely fill out the following form and mail to:

Dakota Territory Buffalo Association

P.O. Box 1315

Rapid City, SD 57709-1315

Feel free to attach additional pages, if needed.

If you wish to include any photos, video or accompanying data for consideration, please email these materials to: Info@DakotaBuffalo.com

OPERATION INFORMATION

First Name _____ Last Name _____

Ranch Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Website/Facebook _____



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WEANING

Weaning Date and Weaning Weight _____

Describe post weaning management and nutrition:

Primary forage source (e.g. hay, grazing, mixed ration, etc.) _____

Type of supplement provided, if any, including amount (Lbs./day) _____

Other details _____

ON GRASS

To Grass Date and Weight (if applicable) _____

Describe management while on grass:

Type of supplement provided during the growing season, if any, including amount (Lbs./day) _____

Other details _____



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OFF GRASS

Off Grass Date and Weight (if applicable) _____

Describe management post grass:

Primary feed source (e.g. hay, grazing, mixed ration, etc.) _____

Type of supplement provided, if any, including amount (Lbs./day) _____

Other details _____

SALE WEIGHT

Sale Weight (will be weighed when dropped off at yards) _____

VACCINATION PROGRAM

Please include every dose administered with name and date _____

BREEDING SOUNDNESS

Breeding soundness exam results and/or buyer guarantee _____
