



RANGE READY™ WARRANTY TRANSFER

PLEASE COMPLETE ALL FIELDS LEGIBLY.

SELLER NAME: _____

RANGEREADY.COM USER ID #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PURCHASER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ PREMISE ID NUMBER: _____

NUMBER OF HEIFERS AND/OR BULLS PURCHASED: _____

DATE OF PURCHASE: _____ SALE LOT NUMBER: _____

PURCHASER'S VETERINARIAN: _____

CLINIC NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

PLEASE RETURN COMPLETED FORM TO:

BOEHRINGER INGELHEIM VETMEDICA, INC.
RANGE READY WARRANTY TRANSFER
1620 N. BELT HIGHWAY
ST JOSEPH, MO 64506
FAX: 816-236-2779



**Boehringer
Ingelheim**

