

THIS FORM MUST ACCOMPANY BULLS WHEN DELIVERED

Calf Tag No. _____
Calf Tattoo (RE/LE) _____
Calf Birth Date _____
Calf Birth Weight _____

WEANING WEIGHT INFORMATION

*Actual Weaning Weight _____
*Date Weighed _____
*Adj. 205 Day Weight _____
Dam's Birth Year _____
*Must include _____

HEALTH RECORDS

Please check if treatment has been given
Blackleg _____
Malignant Edema _____
Leptospirosis _____
Red Nose (IBR) _____
Ivomec _____
Other (Please Specify) _____

Health Certificates: Complying with State of Origin and/or Oklahoma Regulations

Breed Certificates: 2-generation pedigree if certificates not yet obtained

***Total Deposits (for each head)**

Nomination Fee (due prior to delivery date)	\$ 30.00
Age Determination fee	\$ 5.00
Feed and labor advance	\$ 100.00
Management and Clerical	\$ 20.00
Pen Fee	\$ 100.00
TOTAL	\$ 255.00

Age Determination: I (the undersigned) agree to relinquish my right to protest in regard to age determination of my bulls and will accept the decision of the age determination committee and/or individual as final

Number of Head in Test _____
Breed _____

Signature _____

Address _____

Phone Number _____

Email _____

***Please make check payable to Panhandle State Bull Test**