

BUTNER _____ WAYNESVILLE _____

FOR OFFICE USE

LOT NO. _____

PEN NO. _____

NC BCIP BULL TEST
NOMINATION FORM

FARM NAME _____
OWNER _____ PHONE _____
MANAGER _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
E-Mail _____

INFORMATION ON THIS BULL CALF:

NAME OF BULL _____ REGISTRATION NO. _____
TATTOO NO. _____ BREED PERCENTAGE _____
BIRTH DATE _____ ACT. BIRTH WT. _____ EMBRYO TRANSFER? (CIRCLE ONE) YES OR NO
ACTUAL WEAN. WT _____ IF ET BREED OF FOSTER DAM _____
ACTUAL WEAN. DATE _____ COLOR _____
ADJ. 205 WEAN. WEIGHT _____ CREEP FED? (CIRCLE ONE) YES OR NO
ADJ. WT RATIO _____ (CIRCLE ONE) POLLED HORNED SCURRED

EPD'S BIRTH WT. _____ WEAN WT. _____ YEARLING WT. _____ MILK _____
ACC. BIRTH WT. _____ WEAN WT. _____ YEARLING WT. _____ MILK _____

INFORMATION ON THE CALF'S DAM:

BIRTH DATE OF DAM _____ NO. OF CALVES WEANED _____
AVE. WEIGHT RATIO OF _____ WEIGHT OF DAM WHEN THIS
CALVES WEANED _____ CALF WAS WEANED _____

PEDIGREE OF THIS BULL CALF: (OR ATTACH A COPY OF PERFORMANCE PEDIGREE)

SIRE: _____
REG. NO. _____
SIRE: _____
REG. NO. _____
DAM: _____
REG. NO. _____
SIRE: _____
REG. NO. _____
DAM: _____
REG. NO. _____
DAM: _____
REG. NO. _____

To the best of my knowledge the above information is accurate. I agree to verify that all information listed in the sale catalog is complete and accurate. If I do not notify the sale management in writing before sale time of changes to be announced regarding information listed for my bull(s), then I assume full responsibility for the information as listed.

Signed: _____