

BUTNER ___WAYNESVILLE ___FORAGE ___

FOR OFFICE USE

LOT NO. _____
PEN NO. _____

**NC BCIP BULL TEST STATION
NOMINATION FORM**

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

INFORMATION ON THIS BULL CALF:

NAME OF BULL _____ REGISTRATION NO. _____
TATTOO NO. _____ BREED PERCENT _____
BIRTH DATE _____ ACT. BIRTH WT. _____ EMBRYO TRANSFER? (circle one) YES or NO
ADJ. BIRTH WEIGHT _____ RATIO _____ IF ET, BREED OF FOSTER DAM _____
ACTUAL WEAN. WT. _____ COLOR _____
ACTUAL WEAN. DATE _____ CREEP FED? (circle one) YES or NO
ADJ. 205 WEAN. WEIGHT _____ (Circle one) POLLED HORNED SCURRED
ADJ. 205 WT. RATIO _____ NO. OF CONTEMPORARIES _____

EPD's BIRTH WT. _____ WEAN WT. _____ YEARLING WT. _____ MATERNAL MILK _____
ACC. BIRTH WT. _____ WEAN WT. _____ YEARLING WT. _____ MATERNAL 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: _____

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: _____
Date: _____