

BEEF AND DAIRY REPLACEMENT HEIFER CONTRACT:

PLEASE CHECK ONE: BEEF REPLACEMENT HEIFER _____
DAIRY REPLACEMENT HEIFER _____

Bill of sale must accompany this contract

NAME OF EXHIBITOR: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

CLUB/CHAPTER: _____ LEADER/ADVISOR _____

NAME/CHAIN NUMBER OF HEIFER _____

BIRTHDATE OF HEIFER: _____

Dairy must fall between 06/01/08 and 12/31/08---Beef between 01/01/08 and 12/31/08

BREEDER OF HEIFER: _____

(Owner of the dam of your heifer at the time your heifer was conceived)

POINT OF ORIGIN: _____

Please state name and address of the ranch or individual from whom you purchased your heifer. If "bred by exhibitor" please so state.

DAM OF HEIFER: _____ SIRE OF HEIFER _____

BRUCellosis TAG NUMBER _____

SERVICE SIRE:(Bull your heifer is bred to) _____

AI? _____ OR PASTURE? _____

PROJECTED DATE OF CALVING: _____

Bill of sale must accompany this contract.

A photograph of heifer's right side and left side with exhibitor clearly in picture is to accompany the contract. PRODUCTION RECORDS of your heifer's dam must be attached to this contract. Hand written records will not be accepted. I have reviewed the rules accompanying this contract and by signing this contract, I agree to abide by rules pertaining to my project. **Contracts must be completed correctly or they will not be accepted. Unaccepted contracts will render an animal ineligible to show.**

EXHIBITOR: _____ DATE _____

PARENT: _____ DATE _____

LEADER/ADVISOR: _____ DATE _____