

THIS FIELD SHEET MUST ACCOMPANY BULLS WHEN THEY ARE DELIVERED TO THE TESTING STATION

Please prepare a separate Field Sheet for each breed!

Entry Fee Amt/Check # _____
 Health Cert # Head _____
 Brand # Head _____
 BVD Tested Results _____

Junior consignor: Yes No

Breeders Name: _____

Address: _____

Ranch Name: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

Email: _____

Invoices by Mail Email

Number of Bulls: _____

Delivery Date: _____

Breed: _____

Member Code: _____

Brand Inspection Yes No

Brand: _____

Brand Locations: _____

Progress Report by Mail Online

Insurance: Yes No

Herd Tag or ID	Official Use ONLY Station Tag		Tattoo#		Reg #	Reg. Paper Office ONLY	% of Breed	# Cont.	Sire Name	Birth Date	Actual Birth Weight	Weaning Weight	205 Day Wt	Weaning Ratio (NR)	Official Use ONLY
	L- Ear	R- Ear	Reg #	# Cont.											Initial Weight
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

VACCINATION PROGRAM

Have bulls been BVD Tested? Yes No

Type of Program (check one): Modified Live Killed

Name of Product Used

Date Administered

MIDLAND BULL TEST – AUTHORIZATION TO TEST

By signing below you authorize Midland Bull Test to act as your agent for the above listed bulls in the following circumstances:

1. Submission of any required or requested genetic testing.
2. Requesting information from respective breed associations.
3. Sale and transfer of bulls eligible and authorized to sell.

Midland Bull Test reserves the exclusive right to market tissue/blood samples along with data of performance and efficiency testing for use in genome research. In return, consignors will only be charged \$75/head for efficiency testing.

Consignors sign here: _____