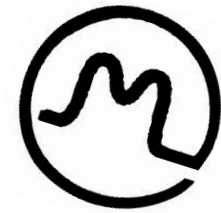


2023-2024 Field Sheet



THIS FIELD SHEET MUST BE SIGNED & ACCOMPANY BULLS
WHEN THEY ARE DELIVERED TO THE TESTING STATION
Please prepare a separate Field Sheet for each breed

Ranch Name: _____ Contact Name: _____

Ranch Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Number of Bulls: _____ Breed: _____ Member Code _____ Delivery Date: _____

Health Paper #: _____ Brand Inspec. Yes No Brand: _____ Brand Locations: _____ Insured: Yes No

	Herd Tag or ID	Official Use ONLY Station Tag		Tattoo#		Reg #	Reg. Paper Office ONLY	% of Breed	Sire Name	Birth Date	Actual Birth Weight
		L- Ear	R- Ear	L- Ear	R- Ear						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Junior consignor: Yes No if yes DOB _____ Progress Report by Mail Online Invoices by Mail Email

Have bulls been BVD Tested? Yes No (IF YES, PLEASE PROVIDE RESULTS UPON DELIVERY)

VACCINATION PROGRAM : Type of Program (check one): Modified Live Killed

Date	Product	Date	Product

