

ENTRY BLANK FOR BULLS
2016-17 Virginia BCIA Bull Tests & Sales
TO BE FILLED IN BY BREEDER

Culpeper Sr. Due: Jun 15 Culpeper Custom Jun 15 SW VA Sr. Sept 5 SW VA Jr. Sept 5 SW VA Custom Sept 5

Consigned By: _____
 (FARM NAME OR OWNER'S NAME - List the way payment should be made)

 (OWNER'S NAME) (MANAGER'S NAME)

Address: _____
 (Street/Route/Box) (City) (State) (Zip)

Primary Telephone : _____ E-mail: _____

Breed _____ Birth Date _____ Tattoo _____

Bull's Registered Name _____ Reg. No. _____

Check Two ✓: Natural _____ E. T. _____ A.I. _____ Purebred _____ Percentage _____ (Example 1/2, 5/8, 3/4, 7/8)

Please circle yes/no below to indicate which test(s) need to be performed on the above bull:

	<u>Homozygous Black</u>	<u>Homozygous Polled</u>	<u>Genomic - HD50K</u>
Bull has been genotyped prior to delivery (result(s) to be furnished to BCIA)	YES or NO	YES or NO	YES or NO
Bull is homozygous by pedigree (consignor <u>MUST</u> provide written verification of pedigree)	YES or NO	YES or NO	XXXXXX
Bull is known red carrier – does not need to be genotyped	YES or NO	XXXXXXXX	XXXXXX
BCIA will need to genotype bull for Homozygous Black (Non-Angus breeds)	YES or NO	XXXXXXXX	XXXXXX
I wish to have this bull genotyped for homozygous polled (optional)	XXXXXXXX	YES or NO	XXXXXX
I wish to have this bull genomically tested for enhanced EPDs (HD50K) (optional)	XXXXXXXX	XXXXXXXX	YES or NO

WEANING PERFORMANCE - FILL IN: Please attach or mail PHOTOCOPY of weaning record to VA BCIA office.

BIRTH			WEANING		CHECK ONE ✓	
Actual Weight	Adj. Weight	BW Ratio	ADJ 205 Day Wt.	WW Ratio	Non Creep	Creep Fed

BULL EPDs: CED _____ BW _____ WW _____ MM _____ YW _____ MB _____ RE _____

PEDIGREE INFORMATION

SIRE'S REGISTERED NAME: _____

Reg. No. _____

DAM'S REGISTERED NAME: _____

Reg. No. _____ Birth Date: _____ (Month/Day/Year)

I have read and understand the rules and regulations and agree to abide by them.

SIGNED: _____

ENTRY FEE: \$45.00/bull made payable to VA BCIA

SEND ENTRIES TO: VA BCIA, Dept. of Animal and Poultry Sciences, Virginia Tech, Blacksburg, VA 24061
 Phone 540/231-9159 Fax 540/231-3010