

**ENTRY BLANK FOR BULLS**  
**2019-20 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>Genomics</u><br><u>GE EPDs</u> | <u>Homozygous</u><br><u>Black</u> | <u>Homozygous</u><br><u>Polled</u> |
|---|-----------------------------------|-----------------------------------|------------------------------------|
| Bull has been genotyped prior to delivery (result(s) to be furnished to BCIA)   | YES or NO                         | YES or NO                         | YES or NO                          |
| I wish to have this bull genomically tested for enhanced EPDs<br>(REQUIRED for Culpeper Senior Test; optional for SW Virginia Test) | YES or NO                         | <del>YES or NO</del>              | <del>YES or NO</del>               |
| Bull is homozygous by pedigree (consignor <b>MUST</b> provide written verification of pedigree)                                     | <del>YES or NO</del>              | YES or NO                         | YES or NO                          |
| Bull is known red carrier – does not need to be genotyped   | <del>YES or NO</del>              | YES or NO                         | <del>YES or NO</del>               |
| BCIA will need to genotype bull for Homozygous Black (Non-Angus breeds)   | <del>YES or NO</del>              | YES or NO                         | <del>YES or NO</del>               |
| I wish to have this bull genotyped for homozygous polled (optional)   | <del>YES or NO</del>              | <del>YES or NO</del>              | 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:** \_\_\_\_\_

Sire Reg. No. \_\_\_\_\_

**DAM'S REGISTERED NAME:** \_\_\_\_\_

Dam Reg. No. \_\_\_\_\_ Dam Birth Date (mm/dd/yy): \_\_\_\_\_

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 email [sgreiner@vt.edu](mailto:sgreiner@vt.edu)