2024 Cal Poly Bull Test ENTRY FORM

| Breed(s) | | | | | | | Brand | | | Brand Location | | | |
|-----------|------------|-------------|-----------------|--------------|------------------|------------|------------------|------------------------|--------------|----------------|--------|-------------------|----------------|
| Ranch N | ame | | | | | | Cell Phon | ne () | - | Email | | | |
| Contact l | Person | | | | | | Но | me Phone (| | Fax (_ |) | | |
| Address | | | | | | | | | | State_ | | ZIP | |
| ~ | Please fil | l out vacci | nation/me | dical histo | ory and in | dividual p | performan | ice information on the | e back | | | | |
| TATTOO | EARTAG | BIRTH | ACTUAL BIRTH | ADJ BIRTH | **LIGHT BIRTH | POLLED | DAM'S* AGE OR | NAME OF ANIMAL | NAME OF SIRE | NAME OF | WEANIN | ACTUAL WEANING | ADJ. WEANIN |
| # | # | DATE | WEIGHT | WT | WT (Y/ N) | /Horned | ET | REGISTRATION# | | DAM'S SIRE | G DATE | WEIGHT | G WEIGHT |
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^{*}If calf raised by other than his mother, please note.

** To be filled in by Cal Poly Bull Test

Please return completed form when bulls are delivered.

| TATTOO | EARTAG | BIRTH | ACTUAL BIRTH | ADJ BIRTH | **LIGHT BIRTH WT (Y/ | POLLED | DAM'S* AGE OR | NAME OF ANIMAL | NAME OF SIDE | NAME OF DAM'S SIRE | WEANIN G DATE | ACTUAL WEANING WEIGHT | ADJ. WEANIN G WEIGHT |
|--------|--------|-------|-----------------|--------------|----------------------------|---------|------------------|----------------|--------------|--------------------|------------------|-----------------------------|-------------------------------|
| # | # | DATE | WEIGHT | WT | WT (Y/ N) | /Horned | ET ET | REGISTRATION # | NAME OF SIRE | | | | |
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| Vaccination & Medical Records Vaccine Name | Date Administered |
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