



CATTLE APPLICATION FOR ENTRY

Cattle will be dropped off: ☐ Friday (Oct. 30) ☐ Saturday (Oct. 31)

If interested in potentially having a heifer selected as this year's Raffle Heifer Fundraiser (*outlined in the enclosed Memo to Producers*), please indicate below the tattoo(s) of any heifer(s) you would be willing to have considered:

Breeder's Name: _____
Address (with postal code): _____
Phone Number: _____
Email: _____

Tattoo	_____
CCIA Id #	_____
Breed	_____
Birth Date	_____
Birth Weight	_____
Calving Ease (circle)	U = Unassisted E = Easy Pull H = Hard Pull
Weaning Weight	_____
Weaning Date	_____
Sire's Name	_____
Sire's Tattoo	_____
Dam's Tattoo	_____
Horn (circle)	P = Polled S = Scurred H = Horned

Tattoo	_____
CCIA Id #	_____
Breed	_____
Birth Date	_____
Birth Weight	_____
Calving Ease (circle)	U = Unassisted E = Easy Pull H = Hard Pull
Weaning Weight	_____
Weaning Date	_____
Sire's Name	_____
Sire's Tattoo	_____
Dam's Tattoo	_____
Horn (circle)	P = Polled S = Scurred H = Horned

Tattoo	_____
CCIA Id #	_____
Breed	_____
Birth Date	_____
Birth Weight	_____
Calving Ease (circle)	U = Unassisted E = Easy Pull H = Hard Pull
Weaning Weight	_____
Weaning Date	_____
Sire's Name	_____
Sire's Tattoo	_____
Dam's Tattoo	_____
Horn (circle)	P = Polled S = Scurred H = Horned

Tattoo	_____
CCIA Id #	_____
Breed	_____
Birth Date	_____
Birth Weight	_____
Calving Ease (circle)	U = Unassisted E = Easy Pull H = Hard Pull
Weaning Weight	_____
Weaning Date	_____
Sire's Name	_____
Sire's Tattoo	_____
Dam's Tattoo	_____
Horn (circle)	P = Polled S = Scurred H = Horned



CATTLE HEALTH CERTIFICATION FORM

This form must accompany the Application Form

The bulls/heifers identified below will be delivered to the Test Station on:

DD-MM-YYYY

The following bulls/heifers were:

Animal	Tattoo	Weaned as recommended		Started on feed and water		Dehorned as recommended	
1.		Yes	No	Yes	No	Yes	No
2.		Yes	No	Yes	No	Yes	No
3.		Yes	No	Yes	No	Yes	No
4.		Yes	No	Yes	No	Yes	No
5.		Yes	No	Yes	No	Yes	No
6.		Yes	No	Yes	No	Yes	No
7.		Yes	No	Yes	No	Yes	No

Vaccinations:

Blackleg, Malignant Edema, Enterotoxemia:

Yes No

Name of BVD Vaccine:

Killed vaccine:

Modified live vaccine:

Date of Treatment:

Date of booster shot:

Entire herd currently vaccinated for BVD?

Yes No

Cattle were wormed (name of drug) _____

Yes No

Other diseases for which these cattle were treated for in the month before coming to the Test Station: _____

Bulls were examined to ensure that two normal testicles are present:

Yes No

Cattle were visually inspected for warts

Yes No

THE MARITIME BEEF TESTING SOCIETY WILL NOT BE RESPONSIBLE FOR DEATH LOSSES OF CATTLE WHILE ON TEST. SEE MBTS ANIMAL GUIDELINES FOR MORE INFORMATION.

Print Name

Date

Signature