



Shasta District Fair Replacement Heifer Application

Exhibitor Information

Exhibitor Name: _____ Club/Chapter: _____

Address: _____ City: _____ State _____ Zip: _____

Telephone: _____ E-mail: _____

Heifer Information

Registered: Yes or No If yes - attach a copy of the Registration papers. SDF Ear Tag _____

Name: _____ Breed: _____

Date of Birth (mm/dd/yyyy) _____ Registration Number: _____

Source Verification: Ranch Raised in USA
 Purchased from USA Ranch, Name of Ranch _____

Dam: _____ Sire: _____

Breeding Information:

AI Date**: (mm/dd/yyyy) _____ Breeding Date: (mm/dd/yyyy) _____

Sire Name: _____ Breed: _____

Registration Number: _____ Pregnancy Confirmation: _____

Projected Calving Date: (mm/dd/yyyy) _____

Veterinarian/Herd Health Advisor: _____

**If the heifer has been Artificially Inseminated, please attach a certificate of insemination to this form.

Vaccination Record	1 st Dose	2 nd Dose	After 12 months 30-60 days prior to breeding	Name of Vaccine
Respiratory Virals				
Clostridial/Blackleg				
Lepto hardjo-bovis				
Vibrio Lepto				
Mannheimia (Pasteurella) haemolytica				
IBR-PI ₃				
Histophilus somni				
Parasite Control				
Other				

Please complete and mail this form to: Shasta District Fair - 1890 Briggs St, Anderson, CA 96007
This form must be post marked before 5/7/10