

Nomination Form
Tennessee Beef Heifer Development Program
 Deadline for nominations: September 12th, 2016



General Information

Producer Name: _____ Operation Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ E-Mail: _____ Phone: _____ BQA #: _____

Cattle Information

Number of Heifers: _____ (Complete the back of this form for individual heifer information.)

Method of Dehorning: Paste Mechanical Polled Age/Date at Dehorning: _____

*Were growth-promotant implants used on these heifers? Yes No

Please complete the following table to describe the preweaning vaccination protocol. If all heifers were not given the same vaccination products, please describe the second protocol on the back of this form.

Vaccination Protocol 1

Vaccine	Product	Company	IM or SQ	Dose	Date	Lot #
1 st 7 or 8-way Clostridial						
2 nd 7 or 8-way Clostridial						
1 st IBR, BVD, PI3, BRSV						
2 nd IBR, BVD, PI3, BRSV						
Vibriosis						
Leptospirosis						
Pasteurella						
*Implants						

Do you plan to sell any of the consigned heifers at the end of the development program? Yes No

If you do plan to sell, how many of the nominated heifers will you offer (one or more)? _____

Verification

I certify that I have read, and agree to, the rules and regulations of this program and have records in my possession that verify the age and management of the cattle represented by this document.

Signature: _____ Date: _____

Please remember to complete the second page of this form.

Mail completed form to: Justin Rhinehart; PO Box 106, Spring Hill, TN 37174

E-mail electronic form: jrhinehart@utk.edu

Individual Heifer Information

	Tag or Tattoo #	Vaccination Protocol 1 or 2	Date of Birth	Sire Registration #	Check if Home Raised	*Date if Purchased	Breed Type	Approx. Delivery Weight	Desired AI Sire Breed
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

*Affidavit Attached

Vaccination Protocol 2 (Leave blank if all heifers were vaccinated under "Protocol 1" on the front of this sheet)

Vaccine	Date Given	Product	Company	IM or SQ	Dose	Lot #
1 st 7 or 8-way Clostridial						
2 nd 7 or 8-way Clostridial						
1 st IBR, BVD, PI3, BRSV						
2 nd IBR, BVD, PI3, BRSV						
Vibriosis						
Leptospirosis						
Pasteurella						
*Implants						