

IOWA ANGUS ASSOCIATION BULL TEST ENTRY FORM

Please call ahead with the number of bulls that you are bringing to the test so a spot can be reserved for you. This entry form and checklist must be completed, signed and presented at delivery to the Iowa Bull Test site on Tuesday, October 2, 2007. You must also include a check for \$450 per bull fee. This fee is for feeding and vet work to be completed on the bulls. **If you are doing a nonsale test bull the fee is \$475 per bull!!!**

_____ **BULLS ENTERED X \$450/HEAD = \$** _____

Please complete with name to be listed on future performance updates and sale catalogs. If a farm name is used, include a contact person's name.

Name: _____

Farm or Ranch: _____

Address: _____

City, State, Zip: _____

Home ph _____ Wrk ph _____ Cell ph: _____

CHECKLIST FOR IAA BULL EVALUATION

BULL REQUIREMENTS:

1. ___ Proper Birth Date: January 1 - March 31, 2007
2. ___ Must have a **minimum 2.75** - pound weight per day of age. Delivery weight divided by days of age.
3. ___ Readable tattoos for permanent identification, and at least one owner identification tag, preferably in the bull's **RIGHT** ear.

CONSIGNOR REQUIREMENTS

1. ___ **Entry form** completed and signed.
2. ___ **Vaccination form** completed and signed by vet. ***This form is absolutely essential to deliver bulls!*** Make sure each bull's home identification number, tattoo and birth date are written on this form.
3. ___ **Pedigree form** completed accurately. This is for office use in compiling the sale catalog. Actual pedigrees can be submitted in addition to the completed form at delivery.
4. ___ **Entry Check** made payable to the Iowa Angus Association Bull Test account for \$450 per bull.
5. ___ Your **2007 membership** dues must be paid in order to participate in this program. Please make a **SEPARATE** check payable to the Iowa Angus Association for \$30 and attach it to the enclosed form, if you have not already paid.
6. ___ **Health certificate.** More than one bull may share the same health certificate.
7. ___ **Insurance disclaimer,** or completed insurance information and check

I have read and fully understand the requirements for participation in the bull performance tests sponsored by the Iowa Angus Association. I agree to participate and abide by the 2007-08 rules and regulations as outlined.

Signature _____

IAA BULL TEST INSURANCE

Mortality insurance will be available for your bull(s) during the test period through Harding & Harding. The rate for this coverage will be 4% of the amount of coverage you request.

For example: If you wish coverage on your bull for \$1000, the premium will be \$40

No. of bulls _____ X \$ coverage _____ X 4% = _____ Please make a **SEPARATE** check payable to **HARDING & HARDING**.

A minimum of \$75 per consignor is required for the insurance.

If you elect not to purchase this coverage, please sign this disclaimer releasing the feedlot or any persons associated with this test, from any liability against them for losses incurred during the test period.

*I have elected **NOT** to purchase insurance coverage for my bull entries in the 2007-08 Iowa Angus Association Bull Evaluation. I fully understand that by signing this disclaimer, I am releasing the feedlot or any other persons associated with this test, from any liability suit against them for losses incurred during the test period.*

Signature Date