

**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 Wednesday, October 4, 2017. You must also include a check for \$600 per bull fee. This fee is for feeding and vet work to be completed on the bulls. **This also includes a \$100 Feed efficiency fee. If you are doing a nonsale test bull the fee is \$625 per bull!!!**

_____ **BULLS ENTERED X \$600/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: _____

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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 15, 2017 *****New this year! BULLS MUST BE WEANED AT LEAST 30 DAYS.**
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. **No potential carriers will be allowed to sell. A DD carrier is allowed to sell. Iowa Angus adopted the AAA rules in regard to defects.**

4. ____ **Entry Check** made payable to the Iowa Angus Association Bull Test account for \$600 per bull.

5. ____ Your **2018 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** 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 2017-18 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 **Conover Auction**.

All bulls will be required to have at least \$1000 insurance coverage. Please make a seperate check to Conover Auction. This is a rule that was adopted by the Iowa Angus Board of Directors for the 2017-18 bull test.

Signature

Date