

**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 16, 2019.** 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, 2019 *****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 **2020 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 2018-19 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 2019-20 bull test.

Signature

Date