

DELIVERY FORM

Pennsylvania Livestock Evaluation Center
Beef Cattle Testing Program
(1 form for each bull and deliver with bull)

Owner _____ Phone _____

Farm _____ Phone _____ E-mail: _____

Address _____

Breed _____ Registration Number _____

Bull's Name _____

Birthdate _____ (must be between Jan. 1 and Apr. 15)

Birth Weight _____ Polled _____ Scurs _____ Dehorned _____
(check one)

Tattoo _____ Right Ear _____ Left Ear _____

(sire) (breed)

(sire) (breed)

(dam) (breed)

(sire) (breed)

(dam) (breed)

(dam) (breed)

Birthdate of dam _____

Type of birth? Single _____ Twin _____ ET _____

OVER

