

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

Adjusted 205-day weight (must be at least 550 lb) _____
Adjusted 205-day weight ratio (must be at least 100) _____
Date weaned _____ Age _____ Grade _____ Weight _____
Signature of On-Farm-Test Supervisor _____

***Below information will be filled in by LEC Staff on Delivery Day**

Date delivered **Oct 7, 2008** Age _____ Weight _____

Actual Weight _____ + Shrink Allowance _____ = Official Arrival Wt. _____

Lifetime Weight/Day of Age (must be at least 2.5 lb) _____

Structural Correctness and Type Score (must be at least 12) _____

***NOTICE: ALL BULLS WILL BE INSURED FOR \$500 UNLESS YOU SPECIFY A DIFFERENT AMOUNT HERE**