

ICA BULL EVALUATION PROGRAM PEDIGREE INFORMATION

YOU ARE REQUIRED TO COMPLETE ONE FORM FOR EACH BULL ENTERED IN THIS TEST

BRING THIS FORM AND HEALTH FORM WITH YOUR BULL (S) TO THE TEST SITE

BREEDER _____

TEST STATION: _____

This is the information that will be in the catalog, please be as complete as possible!

BREED _____

IN-HERD RATIO _____

OWNER TAG _____

WEANING CONTEMPORARY CT _____

TATTOO _____

PB-7/8-3/4 _____

BIRTHDATE _____

H/P/Sc _____

BIRTH WT _____

COLOR (BE SPECIFIC) _____

ACTUAL WEANING WT _____

ICA TAG _____

DATE WEIGHED _____

DELIVERY WT _____

ADJ 205-WT _____

REGISTRATION # _____

If you have your registrations back from the association, please enclose & skip directly to the dam's birthdate.

**PEDIGREE INFORMATION: PLEASE GIVE THE *COMPLETE* NAME AND REGISTRATION NUMBER.
PLEASE INDICATE IF THERE ARE ANY POLLED CATTLE IN THE PEDIGREE (ONLY IF APPLICABLE TO YOUR BREED).**

┌ **PATERNAL GRAND SIRE:** _____ REG # _____

SIRE: _____ REG # _____

└ **PATERNAL GRAND DAM:** _____ REG # _____

┌ **MATERNAL GRAND SIRE:** _____ REG # _____

DAM: _____ REG # _____

└ **MATERNAL GRAND DAM:** _____ REG # _____

DAM'S BIRTHDATE _____ ****IMPORTANT****