

Shasta District Fair 2024 Replacement Heifer Application Picture of Heifer & Exhibitor Due Feb. 19, 2024, at Steer Weigh-in

Exhibitor Information

Exhibitor Name:		Clu	ıb/Chapter:		
Address:	City:		State	_ Zip:	
Telephone: E-r	mail:				
Heifer Information					
Registered: Yes or No If yes - attach a c	opy of the	Registration	papers.		
Name:Bangs	Bangs Vaccination Tag # Breed:				
Date of Birth (mm/dd/yyyy)	Re	gistration Nu	mber (if registered)_		
Source Verification:Ranch Raised in US	SA				
Purchased from US	A Ranch, N	Name of Rand	ch		
Dam:					
Breeding Information: (Heifers mus	st calve b	pefore Dec	cember 31, 2023).	
Al Date**: (mm/dd/yyyy)	Breeding Date: (mm/dd/yyyy)				
Sire Name:	Breed:				
Registration Number:					
Projected Calving Date: (mm/dd/yyyy)					
Veterinarian/Herd Health Advisor:					
			After 12 monti	ns	
Vaccination Record	1 st Dose	2 nd Dose	30-60 days prior t		Name of
Vaccine Paspiratory Virals	T	T	1		
Respiratory Virals Clostridial/Blackleg	+				
<u> </u>					
_epto hardjo-bovis					
Vibrio Lepto	-				
Mannheimia (Pasteurella) haemolytica					
BR-Pl ₃					
Histophilus somni					
Parasite Control					
246.00					

This is an application only. You will need to enter your heifer for the fair online, entries due May 17, 2024, 5 PM