



## Shasta District Fair 2026 Replacement Heifer Application Picture of Heifer & Exhibitor Due Feb. 17, 2026

### Exhibitor Information

Exhibitor Name: \_\_\_\_\_ Club/Chapter: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Heifer Information

Registered: Yes or No    If yes - attach a copy of the Registration papers.

Name: \_\_\_\_\_ Bangs Vaccination Tag # \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Registration Number (if registered) \_\_\_\_\_

Source Verification: \_\_\_\_\_ Ranch Raised in USA

\_\_\_\_\_ Purchased from USA Ranch, Name of Ranch \_\_\_\_\_

Dam: \_\_\_\_\_ Sire: \_\_\_\_\_

### Breeding Information: (Heifers must calve before December 31, 2026)

AI Date\*\*: (mm/dd/yyyy) \_\_\_\_\_ Breeding Date: (mm/dd/yyyy) \_\_\_\_\_

Sire Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Pregnancy Confirmation: \_\_\_\_\_

Projected Calving Date: (mm/dd/yyyy) \_\_\_\_\_

Veterinarian/Herd Health Advisor: \_\_\_\_\_

Vaccination Record Vaccine	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	After 12 months 30-60 days prior to breeding	Name of
Respiratory Virals				
Clostridial/Blackleg				
Lepto hardjo-bovis				
Vibrio Lepto				
Mannheimia (Pasteurella) haemolytica				
IBR-PI <sub>3</sub>				
Histophilus somni				
Parasite Control				
Other				

This is an application only. You will need to enter your heifer for the fair online, entries due May 22, 2026, 5 PM