

## Shasta District Fair 2025 Replacement Heifer Application Picture of Heifer & Exhibitor Due Feb. 16, 2025, at Steer Weigh-in

| Exhibitor Information                     |               |                      |                   |        |         |
|---|---------------|----------------------|-------------------|--------|---------|
| Exhibitor Name:                           | Club/Chapter: |                      |                   |        |         |
| Address:                                  | City:         |                      | State             | Zip:   | 3       |
| Telephone:E-                              | mail:         |                      |                   |        |         |
| Heifer Information                        |               |                      |                   |        |         |
| Registered: Yes or No If yes - attach a c | copy of the   | Registration         | papers.           |        |         |
| Name:Bangs                                | s Vaccinatio  | on Tag #             | () <u> </u>       | Breed: |         |
| Date of Birth (mm/dd/yyyy)                | Re            | gistration Nu        | mber (if register | ed)    |         |
| Source Verification:Ranch Raised in US    | SA            |                      |                   |        |         |
| Purchased from US                         | SA Ranch, N   | Name of Ran          | ch                |        |         |
| Dam:                                      |               |                      |                   |        |         |
| Breeding Information: (Heifers mu         |               |                      |                   |        |         |
|   |               |                      |                   |        |         |
| Al Date**: (mm/dd/yyyy)                   |               |                      |                   |        |         |
| Sire Name:                                | _ Breed       | <u>:</u>             |                   |        |         |
| Registration Number:                      | Pregn         | ancy Confirr         | nation:           |        |         |
| Projected Calving Date: (mm/dd/yyyy)      |               |                      |                   |        |         |
| Veterinarian/Herd Health Advisor:         |               |                      |                   |        |         |
| Vaccination Record                        |               | 2 <sup>nd</sup> Dose | After 12 m        |        | Name of |
| Vaccine<br>Poppirator / Virole            |               |                      |                   |        |         |
| Respiratory Virals Clostridial/Blackleg   |               |                      |                   |        |         |
| Lepto hardjo-bovis                        |               |                      |                   |        |         |
| Vibrio Lepto                              |               |                      |                   |        |         |
| Mannheimia (Pasteurella) haemolytica      |               |                      |                   |        |         |
| IBR-Pl <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 23, 2025, 5 PM