



TN Beef Heifer Development Program

Consignment Form

Producer Information

Name: _____
Last *First*

Address: _____
Street Address *E-mail Address*

City *State* *ZIP Code*

Phone: _____ BQA Number (if known): _____

General Heifer Information

Season Born: <input type="checkbox"/> Spring (January – March) <input type="checkbox"/> Fall (September – November)	
Number consigning: _____	Polled or Dehorned: <input type="checkbox"/> Yes <input type="checkbox"/> No

Marketing

At the end of the program, you have the choice to take the heifers back to your farm or have them marketed as bred replacements. Heifers confirmed pregnant are eligible to be sold in an associated TBHDP-branded sale or through private treaty, depending on numbers.

<input type="checkbox"/> Sell	<input type="checkbox"/> Keep	If "Sell", how many: _____
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Pre-Delivery Health Management

Each heifer must have received at least one round of vaccination for the following diseases more than two weeks prior to delivery. Please list the product you have (or will have) used for each vaccination.

Heifer ID	Date of Birth	Sire's Reg. #	Breed Type	Clostridial (7- or 8-way)		Respiratory (IBR, BVD, PI3, BRSV)	
				Product	Date Given	Product	Date Given

To add more heifers, use the second sheet or reverse side of this form.

Send form to: jrhinehart@utk.edu or Justin Rhinehart; PO Box 160, Spring Hill, TN 37671

