



AFFIX A CURRENT COLOR PHOTO OF ONE SIDE  
OF YOU'RE HEIFER HERE

<b>CHECK LIST</b> (Mandatory with Contract) <input type="checkbox"/> Transportation Slip <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Photo of Heifer <input type="checkbox"/> Cow Sheet (DHIA, Provo, Agritech, or PC)
<b>OFFICE USE ONLY</b> TB Test Due May 1 <sup>st</sup> _____ Date Received _____ Completed _____

# Dairy Heifer Replacement Springer and Yearling Program 2009 CONTRACT

**Kings Fair PO Box 14 Hanford, CA 93232 - 584-3318**

This contract is to be completed by member, signed, and returned to the Kings Fair Office by **March 11, 2009**. Be sure to complete all of the blanks. Please type or print neatly in ink. 4-H Leader or FFA Advisor signature is verification that information is complete, member is in good standing in club and member had met all requirement for enrolment in this project (see project guidelines). **INCOMPLETE CONTRACTS WILL NOT BE ACCEPTED!** It is your responsibility to have the correct information on the contract.

Any questions regarding this program should be directed to the fair office at 584-3318.

**Member's Name** \_\_\_\_\_ Age on January 1, 2009 \_\_\_\_\_ Club/Chapter \_\_\_\_\_

**Mail Address** \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Select Your Project Program:** Springer \_\_\_\_\_ or Yearling \_\_\_\_\_ Breed \_\_\_\_\_ Heifer's Birth Date \_\_\_\_\_

Breeder/Dairyman Purchased From \_\_\_\_\_ Phone \_\_\_\_\_ Purchase Date \_\_\_\_\_

**Heifers Complete Name** \_\_\_\_\_ REG. # or USDA # \_\_\_\_\_

**Sire:** AI Code # \_\_\_\_\_ Complete Reg. Name \_\_\_\_\_ Reg. # \_\_\_\_\_

**Dam:** Eartag or Complete Reg. Name \_\_\_\_\_ Reg. # or USDA # \_\_\_\_\_

List Dam's **Best** 305-Day Lactation Records **or** (if none have been completed) a Projected 305-Day Lactation Record.

Age \_\_\_\_\_ Days \_\_\_\_\_ Pounds Milk \_\_\_\_\_ % Fat \_\_\_\_\_ Pounds Fat \_\_\_\_\_ % P/S \_\_\_\_\_ Pounds P/S \_\_\_\_\_

Age \_\_\_\_\_ Days \_\_\_\_\_ Pounds Milk \_\_\_\_\_ % Fat \_\_\_\_\_ Pounds Fat \_\_\_\_\_ % P/S \_\_\_\_\_ Pounds P/S \_\_\_\_\_

**For Springer:** AI Stud Code # of Bull Heifer is bred to \_\_\_\_\_ Date Due To Freshen \_\_\_\_\_

**For Springer:** Complete Reg. Name of Bull Heifer is bred to \_\_\_\_\_ Reg. # \_\_\_\_\_

I hereby certify that the aforementioned information is complete and accurate to the best of my knowledge and that this project has been completed in accordance with rules which I have read and accept, set forth by the Dairy Heifer Replacement Committee: and that this project has been supervised by an authorized 4-H Club LEADER/ FFA Advisor or Independent parent.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of leader/ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_