

**STANISLAUS COUNTY FAIR**  
**ONE YEAR DAIRY REPLACEMENT HEIFER PROJECT APPLICATION**  
 1 year project for 2017 sale

**Directions:** Exhibitor/Consignor **must** include with this application a copy of the following:

1. **'Bill of Sale'** on the original yellow sales slip for purchase of heifer
2. **Photographs** of both sides and a front clear view are **required** of **all** heifers
3. **A Brand Inspection** (verbal release from brand inspector is OK, but the inspector's name and the date contacted must be written on the yellow bill of sale)
4. **Production Records** from the Dam of Replacement Heifer (*DHIA test sheet or complete private test sheet*)

**Exhibitor/Consignor Information**

Name of Exhibitor/Consignor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ 4-H Club or FFA Chapter: \_\_\_\_\_

**Replacement Heifer Information**

Heifer cannot be born prior to March 1, 2015 to be eligible for the 2017 Heifer Sale.

Breed of Heifer: \_\_\_\_\_ Holstein Ear Tag #: \_\_\_\_\_ Jersey Tattoo: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Brucellosis (Bangs) Vaccination Verification**

Heifers that do not have an official Brucellosis tattoo will be immediately \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 scratched from the sale and sent home. **Date Brucellosis Tattoo Checked** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date Heifer Was Bred      Date Heifer is Due to Calf      Veterinarian's Name That Confirmed Pregnancy

**Service Sire Information**

Service Sire's Registered Name: \_\_\_\_\_ Service Sire's Bull Code #: \_\_\_\_\_

Service Sire's Registration Number: \_\_\_\_\_ Check  One:  Natural Service or  A.I.

**Owner of Dam Signed Statement**  
**SIRE OF HEIFER - INFORMATION**

Sire's Registered Name: \_\_\_\_\_

Sire's Bull Code #: \_\_\_\_\_ Sire's Registration Number: \_\_\_\_\_

**Dam's Birth Date:** \_\_\_\_\_ **DAM OF HEIFER - PRODUCTION RECORD**

**Dam's ID number:** \_\_\_\_\_

The one that Applies

Pounds of Milk Produced

Pounds of Fat Produced

Dam's age at beginning of record		305-Day Actual Record <input type="checkbox"/>		
Best Completed 305-Day Record		305-Day ME Record <input type="checkbox"/>		

\* ATTACH A COPY OF THE DHIA RECORD OR COMPLETE PRIVATE TEST SHEET\*

**DHIA**

**Private Test**

**Print the owners name or the name of dairy for Auction catalog below:**

I, the owner of the dam of the heifer sold to the above exhibitor/consignor, hereby certify that the said dam has at least one official DHIA lactation record or private test \_\_\_\_\_ Date Heifer Sold to Exhibitor/Consignor

**I will participate with this heifer in the Dairy Replacement Heifer Sale. I have read, understand and agree to abide by all the rules, regulations and requirements governing the fair entries as stated in the Exhibitor Handbook, including all State and Local rules. NO application will be accepted without all the required and correct information.**

\_\_\_\_\_  
 Signature of Exhibitor/Consignor      AND      Parent/Guardian of Exhibitor/Consignor Signature

This application has been approved by:

\_\_\_\_\_  
 Signature of 4-H Club Dairy Leader      OR      Signature of FFA Chapter Advisor