

**JUNIOR DAIRY
REPLACEMENT HEIFER PROGRAM
APPLICATION**

One Year Program

Two Year Program

Exhibitor's Name _____

Club or Chapter _____

Home Address _____ City/Zip _____

E-Mail _____

Phone _____ Parent's Name _____

Heifer Breeder's Name _____

Ear Tag # _____ Brucellosis Tag # _____

Birth Date _____ Date Bred _____ Estimated Due Date _____

Service Sire: Complete Name _____ Breed _____
(Of the Same Breed)

A.I. Stud Code _____ Reg. # _____
(If home breed please indicate)

Sire of Heifer: Complete Name _____ Breed _____

A.I. Stud Code _____ Reg. # _____

Dam of Heifer: Control Number _____

Brucellosis Ear Tag # or USDA# _____

Best 305 Lactation or Mature Equivalent Copy of test sheet on Dam <u>must</u> be attached
Milk _____
Fat _____

Complete all items on this form. If the above information is completed after due date of March 15th or next business day a \$50.00 penalty will be required to qualify for judging. This application must be submitted by March 15 or next business day (postmark acceptable) to:
San Joaquin Fair, 1658 S. Airport Way, Stockton, CA 95206, PH 209-466-5041

Facsimiles Not Accepted

Carefully read and follow instruction and rules of dairy replacement heifer program.