



FLORIDA BULL TEST 2009 CONSIGNMENT FORM

**PLEASE COMPLETE THIS FORM AND
DELIVER IT WITH THE BULLS.**

DELIVER CONSIGNMENT FORM AND BULLS TO:

**BEEF UNIT
NFREC-MARIANNA
3925 HIGHWAY 71
MARIANNA, FL. 32446**

NAME: _____

RANCH _____

ADDRESS _____

CITY _____

STATE _____

**(850)482-9904
FAX (850)482-9917**

**BULL TEST FACILITIES ARE LOCATED 1 MILE WEST OF
HIGHWAY 71, GREENWOOD, FLORIDA ON HIGHWAY 162**

TESTING FEE \$750.00 PER BULL [\$50.00 nonrefundable nomination fee, \$400.00 due at delivery, and \$300.00 due one week prior to sale date.]

PHONE#(DAY) _____ (NIGHT) _____

AMOUNT ENCLOSED: _____

TEST I D	RANCH I D	HPS	BRE ED	SIRE ,NAME NUMBER	BIRTH DATE			BIRTH WEIGHT	WEANING PERFORMANCE DATA			MGMT. C, NC, ET	BREED OF RECIPIENT DAM
					MO	DAY	YEAR		205 ADJ WEIGHT	RATIO	# CONT.		

HPS: H=Horned, P = Polled, S = Scurs -Bulls must be dehorned and healed on arrival except for Herefords # CONT. = NUMBER OF CONTEMPORARIES
 COPIES OF REGISTRATION PAPERS SHOULD ACCOMPANY BULLS AND THIS FORM AS WELL AS THE HEALTH AND TREATMENT FORM
 btform3-4/01