



# TN Beef Heifer Development Program

## Consignment Form

### Producer Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *County*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ BQA Number (if known): \_\_\_\_\_

### General Heifer Information

Season Born:     Spring (January – March)     Fall (September – November)

Number consigning: \_\_\_\_\_    Polled or Dehorned:     Yes     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.**

Sell     Keep    If "Sell", how many: \_\_\_\_\_

### 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](mailto:jrhinehart@utk.edu) or Justin Rhinehart; PO Box 160, Spring Hill, TN 37671

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