

Southeast Missouri All Breed Performance Tested Bull Sale

Year: 20_____ Spring/Fall Sale: _____ Breed: _____ Reg. No. _____

Name of Bull: _____ Tatoo: _____

Birth Date: _____ Herd Certification No. _____ Date Certified: _____

Owner: _____ Phone #: _____

Address: _____

(Please leave this area blank)

Trait	EPD	ACC.	RANK
Calving ease			
Birth			
Weaning Wt.			
Yearling Wt.			
Milk Ability			
Maternal Calving Ease			
CAR BF			
CAR REA			
CAR MAR			
Maternal Index			
Terminal Index			

	Adj. Wt.	Adj. Ht.	Frame
Birth			
Weaning			
Yearling			
Post Weaning ADG:			
Age of Dam			

(Please leave this area blank)

Sire

GRAND SIRE

DAM

GRAND DAM

Sire

GRAND SIRE

DAM

GRAND DAM

Footnotes: _____

Farm Goals: _____
