

Southeast Missouri All Breed Performance Tested Bull Sale

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

Name of Bull: _____ Tattoo: _____

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

Owner: _____ Phone #: _____

Address: _____

Sire

Dam

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

DNA Test Utilized _____

(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			

(Please leave this area blank)