



ELITE HEIFER DONATION CONSIGNMENT FORM

Name of Animal _____ ID # _____

Date of Birth _____ ITLA # _____ TLBAA# _____

Bangs Vaccinated: Yes ___ No ___ OCV # _____

If marked YES, ear tattoo symbol must be on health certificate. (OCV Required for females 4 mos. and older in several states.)

Heifer Exposed To _____ From _____ To _____

To _____ From _____ To _____

A.I. Bull _____ A.I. Date _____

Calf at Side Information: Sex _____ Date Calved _____

Sire of Calf at Side _____ Pregnancy Check Results _____

Comments:

Consignor's Name (please print) _____

Address _____

Signature _____ Email _____ Phone _____

Attach Registration Certificate & signed Transfer form.

Photo: Enclosed ___ Being emailed ___

You will be eligible for a Lifetime membership &

A Full-Page Ad in Show book

Return by September 5th to:

ITLA Office

Email: staff@itla.com Or mail to: P.O. Box 2610 Glen Rose, TX 76043

Please direct any questions to the ITLA Office: 254-898-0157