NOMINATION FORM
NORTH AMERICAN SIMMENTAL SALE

(THE)PROGRAM YES__ NO___ EMAIL ADDRESS_____

(PLEASE PRINT)

CONSIGNOR_____ADDRESS_____

_____PHONE:_____

ANIMALS NAME_____DOB_____ASA#_____

CHECK ONE: FULLBLOOD_____ PUREBRED SIMMENTAL_____ % SIMMENTAL_____

CHECK ONE: BULL_____ 3N1_____ PAIR_____ BRED FEMALE_____ OPEN FEMALE_____ EMBRYO'S_____ FLUSH_____

TATTOO_____ TATTOO LOCATION_____ HORNED_____ POLLED_____ SCURRED_____

BIRTH WT_____ 205Adj_____ 365Adj_____

_____ _____

(SIRE)
(ASA#)_____ _____

_____ _____

(DAM)
(ASA#)_____ _____

EPD'S CURRENT_____

FEMALE SELLS: OPEN_____ EXPOSED_____ SAFE IN CALF_____

BREEDING INFORMATION-INCLUDE ALL AI DATES AND OR PASTURE EXPOSED DATES

AI SIRE_____ASA#_____SERVICE DATE_____

NATURAL SERVICE SIRE_____ASA#_____SERVICE DATE_____

CALF @ SIDE: DOB_____ SEX_____ BIRTH WT_____ TATTOO_____

SIRE OF CALF_____ ASA#_____

CATALOG FOOTNOTES:_____

Return this form <u>COMPLETED</u> along with 150.00 Fee and a <u>PHOTOGRAPH AND COPY OF THE REGISTRATION PAPERS. ALL ANIMALS MUST HAVE PAPERS PRIOR TO SALE.</u>

RETURN TO:
DP SALE MGT email pleent@aol.com
153 BOURBON HILLS
PARIS KY, 40361
(859) 987-5758 H
(859) 987-0709 FAX

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SIGNATURE OF CONSIGNOR DATE