

**VIRGINIA HEREFORD ASSOCIATION**  
**BULL DEVELOPMENT PROGRAM - NOMINATION FORM**  
*"Virginia's Finest"*

**CONSIGNOR INFORMATION:**

NAME: \_\_\_\_\_

FARM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**NUMBER OF BULLS TO BE CONSIGNED:** \_\_\_\_\_

PLEASE INCLUDE \$50 IF YOU ARE NOT A CURRENT MEMBER OF THE VHA.  
PLEASE INCLUDE \$25 PER BULL CONSIGNMENT FEE.

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**HEALTH REQUIREMENTS:**

I CERTIFY THE BULLS TO BE DELIVERED WILL HAVE THE FOLLOWING ON FARM VACCINATIONS  
3 WEEKS PRIOR TO DELIVERY AT THE TEST FACILITY.

- 4-WAY IBR, BVD, PI3, BRSV
- PASTEURELLA
- 7-WAY BLACKLEG

\_\_\_\_\_  
OWNER, MANAGER SIGNATURE

**CONSIGNOR AGREEMENT:**

I HAVE RECEIVED, READ AND UNDERSTAND THE RULES AND  
GUIDELINES FOR THE VIRGINIA HEREFORD ASSOCIATION "BULL  
DEVELOPMENT PROGRAM". THERE ARE 2 LEVELS OF CERTIFICATION  
FOR BULLS THAT COMPLETE THIS PROGRAM. VDACS "VIRGINIA'S FINEST"  
AND THE VHA'S "TOP GUNS" I ALSO UNDERSTAND THAT  
THE BULLS WILL BE ON TEST IN A DRY FEED LOT AND ARE AT RISK FOR  
INJURY OR ILLNESS AND ACCEPT THAT RISK TO PARTICIPATE IN THIS  
PROGRAM.

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OWNER, MANAGER SIGNATURE

Revised	07/01/09
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