

Live Oak Beefmaster Breeders Association Bull Development Test Entry Form

Ranch Name _____ Email _____

Owner/Manager _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Bull I.D.	Birth Date	Vaccination Date	Weaning Date
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Ex. 156/2	9/18/15	10/15/15 and 12/15/15	10/15/15
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Please fax, email or mail nomination forms upon completion

**It is solely the Animal Owner's responsibility to acquire and maintain liability, casualty or other insurance, adequate to protect the Animal Owner from any loss or injury of animals

**BBU reserves the right to collect tissue or blood samples along with performance data for use in ongoing genomics research