

UNREGISTERED HEIFER VALIDATION FORM

NAME OF EXHIBITOR _____

ADDRESS _____

TELEPHONE _____ CLUB/CHAPTER _____

NAME OF HEIFER _____

DATE OF BIRTH _____ TATTOO/BRAND # & LOCATION _____

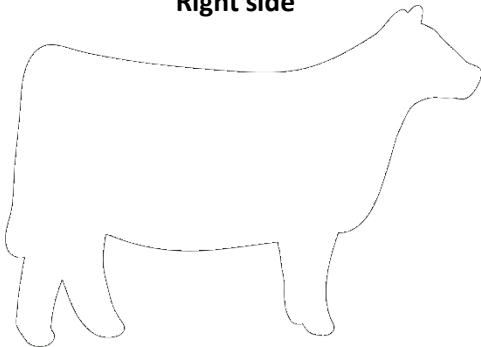
BREED(S) _____

COLOR _____

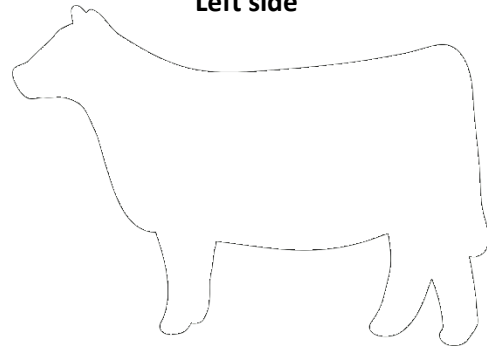
VALIDATION TAG NUMBER _____

Please identify all colors, brands and markings:

Right side



Left side



**IN ADDITION, PLEASE ATTACH PHOTOS OF EACH SIDE & FACIAL VIEW OF ANIMAL
(heifers will NOT be validated without photos attached)**

**I CERTIFY THAT THE ABOVE DESCRIBED HEIFER MEETS THE OWNERSHIP REQUIREMENTS AS SET FORTH
IN THE BCYF RULE BOOK AND IF VALIDATION TAG IS LOST, I WILL HAVE HEIFER RE-TAGGED PRIOR TO
CHECK-IN AT BCYF HEIFER SHOW.**

*This form does not constitute a complete validation. The project MUST be physically validated on one of
the set BCYF validation dates.*

EXHIBITOR SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

LEADER/ADVISOR SIGNATURE _____

DATE _____

Please provide a map to the location where the project will be located. If the address of the project is different from the mailing address of the exhibitor, please provide the new address. If, animal is moved from this address, exhibitor or parent MUST contact the Show Office within 3 days.

Please draw a map below where the animal(s) are kept.

****It is agreed that the County Validation Committee has permission to inspect this/these project(s) on the feeding premises at any time during the required ownership period.**