

\*\*\* Entries can also be made online by going to <http://www.ansc.purdue.edu/ibep/> (click on "2015 Summer Test") \*\*\*

Clearly identify Gets. Photocopy this form if additional forms are needed.

Bull's Tattoo	Dam's Age	Birth				Breed	PB, %	P,H <sup>d</sup> P/S	BULL Reg. No.	DAM Reg. No.	SIRE Name and Reg. No.	Get No.
		Date	Weight <sup>a</sup>	Code <sup>b</sup>	Ease <sup>c</sup>							

<sup>a</sup>Birth Weight is required. <sup>b</sup>Birth Code: 1=Single, 2=Twin, 3=Triplet, 9=Embryo Transfer, recipient dam. <sup>c</sup>Calving Ease: 1=No Assistance, 2=Easy Pull, 3=Hard Pull, 4=Caesarean, 5=Abnormal Birth. <sup>d</sup>P=Polled, H=Dehorned, P/S=Scurred.

PROVIDE A PHOTOCOPY OF REGISTRATION OR APPLICATION FOR REGISTRY AT DELIVERY.

I hereby certify that my herd, including the animal(s) described above, is enrolled in the \_\_\_\_\_ Performance Testing Program (Mandatory for eligibility for auction).  
(Name of breed)

Owner's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Farm Name \_\_\_\_\_

Home Phone: Area \_\_\_\_\_ No. \_\_\_\_\_

Address \_\_\_\_\_

Bus. Phone: Area \_\_\_\_\_ No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: Area \_\_\_\_\_ No. \_\_\_\_\_

Premise ID (required for Indiana owners) \_\_\_\_\_

Only one phone number will be listed in reports and on our web site - please circle the one you prefer: Home Business Cell

\*\* PEN SPACE WILL NOT BE RESERVED WITHOUT PAYMENT FOR EACH ANIMAL ATTACHED TO THIS FORM; MAKE CHECK PAYABLE TO IBEP.

**INDIANA BEEF EVALUATION PROGRAM**

Lilly Hall, Dept. of Animal Sciences  
915 W. State St.  
West Lafayette, IN 47907-2054

For Office Use:

Date Received: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

IBEP  
Herd Code: \_\_\_\_\_

\* DEADLINE DATES: This request for pen space must be received by April 6, 2015. PEN SPACE WILL BE RESERVED ON A FIRST-PAID BASIS, UNTIL THE TEST STATION IS FULL. Requests to withdraw entries with full refund must be received by April 17, 2015.

**INDIANA BEEF EVALUATION PROGRAM  
2015 SUMMER PERFORMANCE TEST APPLICATION AND CONTRACT**

I, \_\_\_\_\_ hereby request pen space for \_\_\_\_\_ and/or \_\_\_\_\_  
(No. Gets) (No. singles)  
in the 2015 Summer Test. The animal(s) nominated for testing are described on the other side of this application. **BE SURE TO CLEARLY IDENTIFY GETS (G) VS. SINGLE BULLS (S).**

**I understand that this application, and my check for \$250 per head will reserve space in this test and will be forfeited\* if these animals are not delivered.** I also understand that the entry fee will be refunded if: (a) the performance test is canceled for any reason prior to start of the official performance test, (b) pen space is unavailable because requests for space exceeded the capacity of the Test Station, or (c) animal is not accepted for any reason at time of delivery. **ENTRIES MUST BE RECEIVED BY APRIL 6, 2015.**

I agree that the Board of Directors of the Indiana Beef Evaluation Program has the authority to make the rules and regulations governing this test and that this application is made with my full knowledge of the rules in effect as of this date.

I agree to deliver the animal(s) described in this application on **Tuesday, April 28, 2015 (9:00 AM to 2:00 PM)** at the IBEP Test Station. I further agree to pay \$250 per head at the time of delivery of the animals described. Also, I agree to furnish at time of delivery: (a) an approved Certificate of Veterinary Inspection (out-of-state owners only) that includes each animal, certifying that they are in good health and meet all health requirements specified in the rules; and (b) a completed Immunization Form. You will receive forms following receipt of your application.

I agree to the inspection of my animal(s) by the Board, its designated veterinarians, or other representatives, for the purpose of determining health status, structural soundness, disposition, quality, blood type, or development and configuration of the teeth. I further agree that decisions reached by the Board, its veterinarians, or other representatives regarding such inspection shall be final and without recourse against the Board, its veterinarians or other representatives.

I will make an additional payment of \$250 per head by **July 21, 2015** and pay any remaining testing cost at the conclusion of the test. I understand that if all fees have not been paid by the end of the performance test, the bull will not be catalogued for sale nor released to me, but will be sent to market. Feed cost per head will be pro-rated at the conclusion of the test based on the body weight and pounds of gain of each animal within each pen. Payment to owners will be made by IBEP within 30 days of the sale. **Refunds will be made for individual animals whose test expenses were less than testing fees plus sale receipts.**

I agree to pay, without further approval, for veterinary service expended by, or procured by the Board or station management that is required for the maintenance of good health of my animal(s) while at the IBEP Test Station. I understand that the Board of Directors, or Officers of the Indiana Beef Evaluation Program assume no risk or liability for any animal consigned to the test. I further understand that insurance coverage is the responsibility of each owner for his/her animal(s) while at the IBEP Test Station.

I understand that bulls must be registered with a breed association such that registration numbers can be printed in the sale catalog and they must have EPDs for Birth Weight, Weaning Weight, and Maternal Milk to be sale eligible.

I agree not to sell IBEP-Tested Bulls at private treaty on the premises of the IBEP Test Station nor the sale grounds on the day of the auction, Saturday **October 17, 2015.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Today's Date

\*Requests for refund of entry fee without penalty must be received in the Indiana Beef Evaluation Program office by Friday, April 17, 2015. Requests received after 04/17/15 for refund of entry fees must be in writing and accompanied by a statement from a veterinarian verifying the extenuating circumstances (bull injured/died, sick, scrotal abnormality, etc.) why an animal(s) is/are being withdrawn and will not be delivered on April 28. The Board of Directors will consider each request and allow/disallow refund of all/part of the entry fee. **Having fewer bulls withdrawn will insure that the test station is full, which lowers the fixed cost per bull for all owners.**