

**Boulder County 4-H/St. Vrain Valley FFA
Dairy Heifer Replacement Program (DHRP)**

Application/Nomination Form

4-H/FFA Member Information: Name: _____

4-H Club/FFA District: _____

Home Address/City: _____

Phone: _____ Cell: _____ E-mail: _____

Heifer Breeder's Information: Name: _____

Address/City: _____ Phone: _____

Heifer's Information: Name: _____ Breed: _____

Ear Tag #: _____ Brucellosis Ear Tag #: _____

Birth Date: _____ Date Bred: _____ Due Date: _____

Service Sire Name: _____ Breed: _____

AI Stud Code: _____ Registration #: _____

Heifer's Sire Name: _____ Breed: _____

Heifer's Dam Name: _____ Breed: _____

Ear Tag/Tattoo: _____ Grade/Registration #: _____

Dam's best 305 Day milk record or mature equivalent (attached copy of test records):

Milk: _____ Fat: _____ Protein: _____

If different from home address, indicate where Heifer will be housed:

Landlord/Caretaker Name: _____

Physical Address/City: _____

Phone: _____

Tag Verification: Completed by (print name): _____

Signature: _____

Check one: = 'Leader = 'Agent 77' Advisor 7' Superintendent

Include for each animal:

- Submit this completed nomination form
- A certificate of pregnancy from a licensed veterinarian
- A copy of dam's milk test records
- 2 photos of heifer (1 of each side)
- Copy of ownership papers

FFA - Return to FFA Advisor

4-H - Mail to:

Boulder County Extension
9595 Nelson Rd, Box B
Longmont CO 80501

Deadline: May 1st