

Green Springs Bull Test Entry Form

gsbulltest@gmail.com www.greenspringsbulltest.com Kent Abele 417.448.7416

Your Ranch Name (please print) _____

Your Name (please print) _____

Street Address (please print) _____

City, State, Zip Code _____

Home Phone: _____ Cell Phone _____

Email _____ Website _____

_____ **SPRING TEST STARTS** June 1 for bulls born in August, Sept. and Oct. previous year.

_____ **SUMMER TEST STARTS** July 1 for bulls born in November and Dec. previous year.

_____ **FALL TEST STARTS** October 1 for bulls born January, February and March 1-15.

_____ **LATE FALL TEST STARTS** December 1 for Bulls born March 16-31st, April and May

Check the test that you would like your bulls to participate in and # _____ of head you intend to bring.

When you deliver your bulls it is vital that you call ahead (417.448.7416) to make sure we/our crew can meet you at the test station to take delivery on your bulls and confirm your information, verify ear tags and tattoos, collect the entry fee and show you around so you can find your bulls anytime you wish to view your bulls.

Cost of Performance Testing \$300.00 per animal unless you have 10 head or more. The price is \$275.00 per head then. The entry fee entitles you to the performance data derived from the 112 day test which includes: Residual Feed Intake, weight per day of age, average daily gain and ultrasound scan data for ribeye area, intermuscular fat, back fat and rib fat. Included in the entry fee also is a breeding soundness exam which includes a semen evaluation and pelvic and scrotal measurements.

A Negative Persistent BVD Test is required If your bulls have tested negative what date were they tested _____ . If BVD has not been done , GSBT will do so and bill you on the first months invoice.

I have read, understand and accept the rules of the test station Green Springs Bull Test and accept the financial responsibility for the bulls I deliver or have delivered. Monthly feed consumed and yardage invoices will be mailed at the beginning of each month with payment due in 20 days.

Signed _____ Dated _____

If payment is not received by this date you hereby authorize, Kent Abele owner of Green Springs Bull Test to charge your following Credit Card on file below.

YOUR CREDIT CARD INFORMATION



CARD # _____ Exp. Date _____ Security Code _____

Signed _____ Dated _____