

Red Angus

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Member Number:

Name:

Address:

City, State, Zip:

HEIFER EXPOSURE FORM

Breeding Start/End Dates are required in order for heifer exposure records to be entered into the database, which results in the calculation of the heifer pregnancy EPD.

Breeding Start Date:

Breeding End Date:

	Tattoo			Reg.#	Choose Spring or Fall		Management Group	Breeding Info: Exposed?		Disp.
	Prfx	ID	D.O.B.		S	F		Yes	No	
1					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Disposal Codes

7 = Died after weaning - disease
8 = Died after weaning - other
10 = Culled - physical defect
12 = Culled - performance/fertility
13 = Culled - temperament

15 = Culled - other
17 = Sold unexposed
18 = Sold exposed open
21 = Culled - feet/legs
T = Transfer pending