

**DP Sales Management/OSA**

Mail and make checks to:

Ohio Simmental Assoc 11203 Mullinix Rd West Salem OH 44287

**Ohio Beef Expo Simmental Nomination Form**

Use one form per animal \$100 Entry Fee Must accompany form

Consignor: \_\_\_\_\_ ASA# \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Partner Information (If Applicable)**

Consignor: \_\_\_\_\_ ASA# \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Percent of Check partner receives \_\_\_\_\_

If no percent provided it will not be considered a partner animal

Animal Name \_\_\_\_\_ Tattoo \_\_\_\_\_

ASA# \_\_\_\_\_

Color: \_\_\_ Black \_\_\_ Red \_\_\_\_\_ Other

DOB \_\_\_\_\_

HP Status \_\_\_\_\_ Horned \_\_\_\_\_ Polled \_\_\_\_\_ Scurred

**Pedigree**

Sire Name \_\_\_\_\_

Sire ASA# \_\_\_\_\_

Dam Name \_\_\_\_\_

Dam ASA# \_\_\_\_\_

**Type (Choose One)**

\_\_\_ Bull \_\_\_ Bred Female \_\_\_ Open Female \_\_\_ Pair \_\_\_ 3-N-1 \_\_\_ Embryo \_\_\_ Flush \_\_\_ Pregnancy \_\_\_ Semen

**Weights**

BW \_\_\_\_\_ Actual \_\_\_\_\_ Adjusted  
(205) WW \_\_\_\_\_ Actual \_\_\_\_\_ Adjusted  
(365) YW \_\_\_\_\_ Actual \_\_\_\_\_ Adjusted

**Breeding Information - Female Sells**

\_\_\_ Open \_\_\_ Exposed \_\_\_\_\_ Safe In Calf  
Due date: \_\_\_\_\_

**A. I. Breeding Information**

AI Sire \_\_\_\_\_

ASA# \_\_\_\_\_

Service Date \_\_\_\_\_

**Pasture Exposed information I dates**

Nat Service Sire \_\_\_\_\_

ASA# \_\_\_\_\_

In date: \_\_\_\_\_

Out date: \_\_\_\_\_

Service Date \_\_\_\_\_

**Calf At Side**

DOB \_\_\_\_\_

Sex \_\_\_\_\_

BW \_\_\_\_\_

Tattoo \_\_\_\_\_

Sire of Calf \_\_\_\_\_

ASA# \_\_\_\_\_

Comment / Footnote