



Goliad County Livestock Exposition, Inc. Commercial Heifer Validation Information



Exhibitor Name: _____

Exhibitor Address: _____

4H Club or FFA Chapter Name: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Primary Phone: _____ **Secondary Phone:** _____

Email: _____

Breed of Heifers: _____

Breeder's Name: _____

Heifer's Date of Birth (month/year): _____

If Bred or Exposed, Breed of Bull: _____

Class (circle one): I- Spring Born II- Fall Born III- Fall Bred IV-Pairs

Exhibitor Signature: _____ **Parent Signature:** _____

BELOW TO BE FILLED OUT BY COMMERCIAL HEIFER COMMITTEE

GCFA Tag #: _____	Tattoo: _____	Brucellosis #: _____
GCFA Tag #: _____	Tattoo: _____	Brucellosis #: _____
GCFA Tag #: _____	Tattoo: _____	Brucellosis #: _____
GCFA Tag #: _____	Tattoo: _____	Brucellosis #: _____

March 2024

GCFA Tag #: _____	Bred: Y or N	Mo.: _____	Bred to: _____
GCFA Tag #: _____	Bred: Y or N	Mo.: _____	Bred to: _____