



To qualify for the
\$CHB Program,
the following requirements must be met:

- Sired by registered Hereford bulls with transferred ownership.
- Hereford bull battery avg. \$CHB index* value ranking in top 20%.

Percentile	\$CHB
Top Value	50
Top 1%	36
Top 5%	32
Top 10%	30
Top 15%	29
Top 20%	28
Top 25%	27
Top 30%	26
Top 35%	25
Top 40%	25

* Certified Hereford Beef Index (\$CHB): This is a terminal sire index that is built on a production system where Hereford bulls are used on British-cross cows with a focus on gain and end product merit.

Please select all that apply from the following options:**

- If cattle meet required \$CHB threshold, distribute information.
- Distribute information, regardless of \$CHB ranking.
- Return results to producer for internal use only.

**Information form with EPD rankings will be returned to producer, regardless of distribution preference. If the producer chooses, this form will be distributed to a growing list of cattle feeders and will be listed on HEREFORDFEEDERCATTLE.COM

For questions or interest in the program, please contact Trey Befort at the American Hereford Association, 816-842-3757. You can also visit herefordfeedercattle.com to download the form.





Feeder Cattle Information



Seller/Ranch Name: _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

Cattle Location: _____

ORIGIN:

Home Raised Purchased Purchased date: _____ Purchase location: _____

Head: _____ Sex: _____ Weight: _____

Cow Herd (breed type & #): _____

Bull Battery (breed type & #): _____

Hereford Bull Registration Numbers: _____

Non-Hereford Bull Registration Numbers: _____

% Hereford Calves: _____ % Baldy Calves: _____ % Other: _____

Weaning Date: _____ **Bunk Broke:** Yes No

HEIFERS:

Spayed: Yes No **Preg. Checked Open:** Yes No **Bangs Vac.** Yes No

Castrated: Yes No **Horns:** Yes No

Frame: Small Medium Large

Flesh: Thin Light Medium Medium Heavy Medium

Estimated Weight Variance: Even Uneven Very Uneven

Implanted: Yes No Not Since Purchase

Implant Kind: _____ Implant Date(s): _____

Feed/Nutrition Plan: _____

Vaccination Program: _____

Wormed: Yes No **Wormer Used:** _____

Marketing Method:

Live Auction Video Auction Private Treaty Sale Retained Ownership

Sale Date: _____ Sale Location: _____

Sale Representative: _____

Weigh-Up Conditions:

A.M. P.M. % Shrink _____ On: Ground Truck

Weigh-Up Notes: _____

Additional Notes/Comments: _____

Please complete form and submit to AHA at least two (2) weeks before sale date.

American Hereford Assn.

Attn: Trey Befort

1501 Wyandotte St.

Kansas City, MO 64108

tbefort@herefordbeef.org • Fax 816-842-6931