



# 2026 Fort Bend County Fair Replacement Halter Heifer Show

## Sale Information Form

(This form is to be turned in at Check-In for the Fair in September)

Exhibitor Name: \_\_\_\_\_

Breeder Name: \_\_\_\_\_

Breed of Cattle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class #: \_\_\_\_\_

Halter/Tag #: \_\_\_\_\_

Pen/Tag #: \_\_\_\_\_

Pregnancy Status: \_\_\_\_\_

Breed of Bull/A.I.: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Tag ID: \_\_\_\_\_



**2026**

**FORT BEND COUNTY FAIR  
REPLACEMENT HALTER HEIFER**

**VETERINARIAN'S STATEMENT**

*\*Veterinarian Statement is to be turned in at the time of **Check-In** for verification\**

**I CERTIFY THAT THE HEIFER(S)  
(PEN OF TWO AND/OR HALTER CLASS)  
ARE SAFE IN CALF.**

Exhibitor: \_\_\_\_\_ Club: \_\_\_\_\_

**Ear Tag**

**Months Bred**

A: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian (Print)