



# 2022 Junior Show Animal Substitution Form

**EXHIBITOR LEGAL NAME:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

COUNTY 4-H/FFA CHAPTER : \_\_\_\_\_

EXHIBITOR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: **TEXAS** ZIP: \_\_\_\_\_

EXHIBITOR'S BIRTHDATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ QUALITY COUNTS: \_\_\_\_\_

**INSTRUCTIONS:** Complete the animal information for each beef heifer and dairy heifer being substituted. All beef heifer substitutes must be recorded in the Texas 4-H/FFA Breeding Validation Program.

**ORIGINAL ANIMAL INFORMATION** *(Must be completed for all Beef & Dairy Heifers)*

<input type="checkbox"/> Angus	<input type="checkbox"/> Limousin	Birthdate: _____	
<input type="checkbox"/> ARB	<input type="checkbox"/> Maine-Anjou		
<input type="checkbox"/> Beefmaster	<input type="checkbox"/> ORB		
<input type="checkbox"/> Brahman	<input type="checkbox"/> Red Angus		
<input type="checkbox"/> Brangus	<input type="checkbox"/> Red Brangus		
<input type="checkbox"/> Charolais	<input type="checkbox"/> Santa Gertrudis		
<input type="checkbox"/> Chianina	<input type="checkbox"/> Shorthorn		
<input type="checkbox"/> Hereford	<input type="checkbox"/> Simbrah		
	<input type="checkbox"/> Simmental		
<input type="checkbox"/> Holstein			
<input type="checkbox"/> Jersey			
<input type="checkbox"/> ORB			
			Class (See Premium List): _____
			Name of Animal: _____
		Reg. Number: _____	
		Sire Name: _____	
		Dam Name: _____	

**NEW ANIMAL INFORMATION** *(Must be completed for all Beef & Dairy Heifers)*

<input type="checkbox"/> Angus	<input type="checkbox"/> Limousin	Birthdate: _____	
<input type="checkbox"/> ARB	<input type="checkbox"/> Maine-Anjou		
<input type="checkbox"/> Beefmaster	<input type="checkbox"/> ORB		
<input type="checkbox"/> Brahman	<input type="checkbox"/> Red Angus		
<input type="checkbox"/> Brangus	<input type="checkbox"/> Red Brangus		
<input type="checkbox"/> Charolais	<input type="checkbox"/> Santa Gertrudis		
<input type="checkbox"/> Chianina	<input type="checkbox"/> Shorthorn		
<input type="checkbox"/> Hereford	<input type="checkbox"/> Simbrah		
	<input type="checkbox"/> Simmental		
<input type="checkbox"/> Holstein			
<input type="checkbox"/> Jersey			
<input type="checkbox"/> ORB			
			Class (See Premium List): _____
			Name of Animal: _____
		Reg. Number: _____	
		Sire Name: _____	
		Dam Name: _____	

**POSTMARKED BY JAN. 15, 2022 = NO CHARGE**  
**AFTER JAN. 15, 2022 = \$100**

I agree to abide by the rules in the current Premium List.



**OFFICE USE ONLY**

Date Payment Rec'd: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Attach copy of payment to form.

Exhibitor Signature

Parent/Legal Guardian Signature

CEA/AST Signature