

**Boulder County 4-H/St. Vrain Valley FFA  
Dairy Heifer Replacement Program (DHRP)**

**Application/Nomination Form**

**4-H/FFA Member Information:** Name: \_\_\_\_\_

4-H Club/FFA District: \_\_\_\_\_

Home Address/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Heifer Breeder's Information:** Name: \_\_\_\_\_

Address/City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Heifer's Information:** Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Ear Tag #: \_\_\_\_\_ Brucellosis Ear Tag #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date Bred: \_\_\_\_\_ Due Date: \_\_\_\_\_

Service Sire Name: \_\_\_\_\_ Breed: \_\_\_\_\_

AI Stud Code: \_\_\_\_\_ Registration #: \_\_\_\_\_

Heifer's Sire Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Heifer's Dam Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Ear Tag/Tattoo: \_\_\_\_\_ Grade/Registration #: \_\_\_\_\_

Dam's best 305 Day milk record or mature equivalent (attached copy of test records):

Milk: \_\_\_\_\_ Fat: \_\_\_\_\_ Protein: \_\_\_\_\_

**If different from home address, indicate where Heifer will be housed:**

Landlord/Caretaker Name: \_\_\_\_\_

Physical Address/City: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tag Verification:** Completed by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Check one:        = 'Leader        = 'Agent        77' Advisor        7' Superintendent

**Include for each animal:**

- Submit this completed nomination form
- A certificate of pregnancy from a licensed veterinarian
- A copy of dam's milk test records
- 2 photos of heifer (1 of each side)
- Copy of ownership papers

**FFA - Return to FFA Advisor**

**4-H - Mail to:**

Boulder County Extension  
9595 Nelson Rd, Box B  
Longmont CO 80501

**Deadline: May 1st**