

**VIRGINIA HEREFORD ASSOCIATION**  
**BULL DEVELOPMENT PROGRAM - CONSIGNOR AGREEMENT**  
*"Virginia's Finest"*

**CONSIGNOR INFORMATION:**

**NAME:** \_\_\_\_\_

**FARM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**HEALTH REQUIREMENTS:**

I CERTIFY THE BULLS TO BE DELIVERED WILL HAVE ALL THE REQUIRED ON FARM VACCINATIONS AND ARE IN GOOD HEALTH PRIOR TO DELIVERY AT THE TEST FACILITY. ALL BULLS CONSIGNED WILL MEET ALL THE BULL HEALTH REQUIREMENTS OF THE BULL DEVELOPMENT PROGRAM.

\_\_\_\_\_  
OWNER, MANAGER SIGNATURE

**CONSIGNOR AGREEMENT:**

I HAVE RECEIVED, READ AND UNDERSTAND THE RULES AND GUIDELINES FOR THE VIRGINIA HEREFORD ASSOCIATION "BULL DEVELOPMENT PROGRAM". I ALSO UNDERSTAND THAT THE BULLS WILL BE ON TEST IN A DRY FEED LOT AND ARE AT RISK FOR INJURY OR ILLNESS AND ACCEPT THAT RISK TO PARTICIPATE IN THIS PROGRAM. I AUTHORIZE THE BDP FACILITY MANAGER TO TAKE ANY ACTION THEY DEEEM NECESSARY TO TREAT MY CONSIGNED BULLS FOR SICKNESS OR INJURY.

\_\_\_\_\_  
OWNER, MANAGER SIGNATURE

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| Revised | 03/20/16 |
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