

American Brahman Breeders Association Ultrasound Barn Sheet

3003 South Loop West Suite, 500 - Houston, TX 77054 713-349-0854

www.brahman.org

armelinda@brahman.org

<u>Technician Information</u>	Technology (circle): New Aloka Old Aloka Classic Other _____	
Name: _____	Frame Grabber (circle): CX100 PXC200 Other _____	
<u>Breeder Information</u>		<u>Scan Session Information</u>
Name/Contact: _____	Address: _____	Scan Date: _____
Association(s): _____	City, State & Zip: _____	Disk ID: _____
Member Number(s): _____	Phone Number: _____	Hair Coat less than 1/2"? (circle): Yes No
Email address: _____	Fax Number: _____	

****ALL DUPLICATE BRANDS MUST BE CLEARLY DEFINED**** **Comments:** _____

	Brand Number	Reg. Number	Birthdate	Dam ID	Dam Reg #	Sire ID	Sire Reg. #	Weight	Weight Date	Group Code	Test Type	Sex	Diet	Remarks
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

I have enclosed the required images, payment, completed barnsheets, and Breeder Information (above). The Owner/Operator has confirmed the images submitted are from the first set collected on the animals. I have provided any image or related information to the Owner/Operator. All images collected followed UGC Standards. The animals in this scan session have not been previously scanned or analyzed. All scan weight & contemporary group information is complete and correct to the best of my knowledge. It is understood that re-scanning any animals in this scan session will require prior authorization from the Association(s) involved in the scan session.

Field Technician Signature(page 1 only): _____ **Owner/Operator Signature**(page 1 only): _____