

# American Brahman Breeders Association Ultrasound Barn Sheet

PO BOX 3249 BRYAN, TEXAS 77805

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ABBA@brahman.org

<b><u>Technician Information</u></b>	<b>Technology</b> (circle): New Aloka Old Aloka Classic Other _____
Name: _____	<b>Frame Grabber</b> (circle): CX100 PXC200 Other _____

<b><u>Breeder Information</u></b>	<b><u>Scan Session Information</u></b>
Name/Contact: _____ Address: _____	Scan Date: _____
Association(s): _____ City, State & Zip: _____	Disk ID: _____
Member Number(s): _____ Phone Number: _____	<b>Hair Coat less than 1/2"?</b> (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														
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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): \_\_\_\_\_