

# PRODUCERS GENETICS CATTLE PRODUCERS INFO SHEET

## CONTACT INFO.

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Telephone #: ( ) - \_\_\_\_\_

## HERD INFO.

Number of cows \_\_\_\_\_ Avg Age of Cows \_\_\_\_\_ Avg Wt \_\_\_\_\_

Number of Heifers Retained \_\_\_\_\_ Avg Breeding Age of Heifers \_\_\_\_\_ Avg Breeding Wt \_\_\_\_\_

Herds Breed Composition \_\_\_\_\_ Breed of Herd Sires Used Past 5yrs. \_\_\_\_\_

Calving Season of Herd (Spring, Fall, Year Around or Other) \_\_\_\_\_

Length of Herds Calving Season \_\_ 60 day \_\_ 90 day \_\_ 120 day \_\_ Greater

Bulls Currently Utilized On Your Operation #of \_\_\_\_\_ Breed of \_\_\_\_\_

Breeder/Previous owner \_\_\_\_\_ Registered (Yes, No) EPDs (Yes, No)

Is Cow Herd Palpated for Pregnancy annually; (Yes, No)

## SIRE USAGE INFO.

Will this bull be used in; Single Sire Groups \_\_\_\_\_

Multiple Sire Groups \_\_\_\_\_

Will this bull be used to breed; Mature cows only \_\_\_\_\_

Heifers only \_\_\_\_\_

Or Both \_\_\_\_\_

Will this bull be used to produce: \_\_\_\_\_ Steers/Replacement Heifers

\_\_\_\_\_ All terminal cattle

Would this bull be used for \_\_ One \_\_ Two \_\_ Three \_\_ Four breeding seasons?

Could farm facilities accommodate the separation of a bull or bulls from cow herd?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are there preferences or restrictions you want considered as we work to match a bull with your herd? \_\_\_\_\_

**CALF INFO.**

Typical Time of Weaning (Specify Month(s)); \_\_\_\_\_

Number of Calves Marketed annually \_\_\_\_\_

At what stage of production are calves marketed?

- Weaning
- Following preconditioning
- Stocker/backgrounding
- Retained ownership through feedlot

Typical time calves are marketed (Specify Month(s)); \_\_\_\_\_

What method of marketing has been utilized?

- Weekly Auction
- Video Board Sale
- Feeder calf sales
- Private treaty

**Production Records**

Of the following criteria which are recorded on a herd basis? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> First and Last Calving Dates | <input type="checkbox"/> Number of Heifer and Bull calves |
| <input type="checkbox"/> Number of Assisted Births    | <input type="checkbox"/> Weight of all Calves Weaned      |
| <input type="checkbox"/> Number of Females Exposed    | <input type="checkbox"/> Weight of all Calves Sold        |
| <input type="checkbox"/> Number of Females Calved     | <input type="checkbox"/> Total Value of all Calves Sold   |
| _____ Other   |   |

Which of the following information is recorded for individual calves? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Date         | <input type="checkbox"/> Weaning Weight  |
| <input type="checkbox"/> Birth Weight       | <input type="checkbox"/> Yearling Weight |
| <input type="checkbox"/> Sire               | <input type="checkbox"/> Sale Weight     |
| <input type="checkbox"/> Dam                | <input type="checkbox"/> Sale Price      |
| <input type="checkbox"/> Calving Ease Score |  |
| _____ Other                                 |  |

What is method of record keeping; Computer \_\_\_\_\_ Record Book \_\_\_\_\_ Other \_\_\_\_\_

**HERD HEALTH INFO.**

Herd Health Program

Mature and Replacement Females are Vaccinated against (circle those that apply);  
(IBR, PI<sub>3</sub>, BVD, BRSV, Lepto-5, Vibrio, other\_\_\_\_\_)

Calves are Vaccinated against (circle those that apply);  
(IBR, PI<sub>3</sub>, BVD, BRSV, H. somnus, Blackleg 7-way, Pinkeye, other\_\_\_\_\_)

Are Heifer Calves Calfhood Vaccinated against brucellosis ? Yes or No

Deworm: \_\_\_ Yes \_\_\_ No Product used; \_\_\_\_\_

Pesticide Ear Tags: \_\_\_ Yes \_\_\_ No

Lice Control: \_\_\_ Yes \_\_\_ No

**RESOURCES**

Predominant Forages Available (Pasture) example: Fescue/Clover mix

\_\_\_\_\_

\_\_\_\_\_

(Hay): \_\_\_\_\_

\_\_\_\_\_

Does your operation participate in Forage Testing? \_\_\_ Yes \_\_\_ No

Rank operations cattle handling facilities: \_\_\_ Excellent

\_\_\_ Good

\_\_\_ Fair

\_\_\_ Poor

\_\_\_ None

Please list or discuss your goals as a producer from a Production stand point.

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Please provide the following information on the most recent calf crop sold.

Exposed females \_\_\_\_\_ # of Head

Total calves weaned \_\_\_\_\_ # of Head

Steers \_\_\_\_\_ # of Head

Heifers \_\_\_\_\_ # of Head

Average weight of calves weaned

Steers \_\_\_\_\_ Pounds

Heifers \_\_\_\_\_ Pounds

Total/Average Sale Weight

Steers \_\_\_\_\_ Pounds

Heifers \_\_\_\_\_ Pounds

Average Sale Price

Steers \_\_\_\_\_ \$/CWT

Heifers \_\_\_\_\_ \$/CWT

Total Acres of Pasture Land

Used by the Cow/Calf Herd \_\_\_\_\_ Acres

PLEASE PROVIDE DIRECTIONS TO YOUR FARM

## Producer Genetics

Dear Producer,

The following questionnaire is meant as a tool for this program to utilize in serving you to the greatest possible degree. This information will allow AProducer Genetics@ to meet your needs as the customer and hopefully improve the marketability and genetics of your feeder cattle.

All information contained within this document will be confidential and utilized only by those members of the AProducer Genetics@ committee. We at Tennessee Livestock Producers are working in cooperation with the University of Tennessee Extension Service. With your permission the extension service would like to utilize information resulting from your participation for educational purposes in an appropriate and confidential manner. Much valuable information should be yielded from this program. Information that has the potential to benefit not only your operation but that of Tennessee=s beef cattle industry.

If you have any questions or concerns as to the meaning or purpose of this information sheet please do not hesitate to contact me (Kevin Thompson, at 931-388-7872 ext. #2249).

Thank you for taking the time to complete this information, it will be of tremendous benefit to AProducer Genetics@ in determining how we can best serve your operation.

Sincerely,

Kevin W. Thompson