

**Substantiation of Value  
Cattle**



**This document forms part of the Animal Mortality Application**

Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____	Policy Number: _____ Animal Name: _____ Purchase Price: \$ _____ Purchase Date: _____ Amount of _____ Insurance Desired: \$ _____
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Breed \_\_\_\_\_ Use \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Registration Number \_\_\_\_\_

**Show / Performance Record(s)**

Show / Competition	Show Rating		Date of Show	Class / Division	Number of Entries	Placement	Winnings	Number of Points
	N=National R=Regional S=State	D=District C=County L=Local						
							\$	
							\$	

**Bull Record**

A.I.	Number of Collected Units of Usable Semen:	Number of Units Stored:	Number of Units Sold:	Price per Unit Sold:
Last Year:				\$
Current Year:				\$
Projected Next Year:				\$

**Natural Breeder** – Number of Successful Matings

Last Year:	Breeding Fee:	Current Year:	Breeding Fee:	Next Year:
	\$		\$	

**Female Record**

	Number of Times Flushed Last 12 Months	Total Number of Embryos Collected	Number of Embryos Stored:	Total Number of Embryos Sold	Price per Embryo Sold:
Last Year:					\$
Current Year:					\$
Projected Next Year:					\$

Number of Calves Sold Since Owned: \_\_\_\_\_ Average Selling Price: \$ \_\_\_\_\_

**Dairy Cattle**

Please provide milk production records. (Based on last completed lactation)

**Supporting Pricing of Siblings/Half Siblings**

Number of Calves		Average Selling Price of	
Sold Since Owned	Average Selling Price	Full Siblings	Half Siblings
	\$	\$	\$

**Training Record(s)** (If Applicable)

Name of Trainer	Type of Training	Cost of Training (Excluding Board, Vet and Maintenance Fees)		
		Per Month	Number of Months	Total Cost
				\$
				\$

Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature _____	Date: _____
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