

AGREEMENT FOR PARTICIPATION IN THE SHENANDOAH VALLEY HOLSTEIN CLUB CALF CHAIN PROJECT

The Shenandoah Valley Holstein Club [SVHC] agrees to furnish to

on the following conditions:

Applicant :

1. Must be a resident of SVHC District. (Augusta, Rockbridge, Rockingham Counties)
2. Must be willing to become a Junior Member of the Virginia Holstein Association.
3. Must keep accurate records including all veterinarian visits, vaccinations, finances, breeding information and **TURN IN ALL RECORDS ONCE A YEAR TO BE REVIEWED BY THE HOLSTEIN CLUB BOARD OF DIRECTORS.**
4. Is encouraged to be a 4-H or FFA Member.
5. Must communicate with and be willing to accept advice of an appointed advisor in supervision of heifer and surrender heifer to SVHC if provisions of this agreement are willfully violated.
6. Should breed heifer at a suitable age to a sire approved by advisor.
 - a) Recommend using sexed semen on 1st breeding service, provided by the club to increase chances of getting a heifer calf
 - b) Must have bred heifer ultrasounded by veterinarian at the optimum time (usually 60-90 days bred, to verify sex of the calf)
7. Must have heifer on DHIA (Dairy Herd Improvement Assn.-*on milk test*) when she freshens.
8. Realize Holstein Association classification of the cow is strongly encouraged.
9. Is encouraged to show heifer in District, County, and/or State shows.
10. Assumes responsibility for:
 - a) Breeding fees
 - b) Pregnancy check/ultrasound costs
 - c) Transfer and registration fees
 - d) Vet. Expenses
 - e) Transportation
11. Must return to SVHC the 1st heifer calf produced by the cow when it becomes at least 12 weeks old, (winter weather permitting).
12. Must purchase heifer at 48 months of age, at original cost with no interest if no heifer calf has been born.
13. Must understand if heifer proves to be a non-breeder, she shall be sold for meat by the SVHC, paying the recipient a reasonable sum for feed consumed as indicated by records.
14. Must understand that in case of death before a heifer calf is returned to the SVHC, the recipient will make no charge for feed and labor.
15. Must understand original animal will be registered in the name of the applicant, but will remain the property of the SVHC until a heifer calf is returned or the original heifer is paid for. Animal then becomes property of the applicant.

SVHC will:

1. Provide a healthy and possibly show age calf.
2. Provide an adult advisor.
3. Provide application forms and a selection committee that consist of one local member and two persons from outside Club area.
4. The Board of Directors of Shenandoah Valley Holstein Assn. will select the committee.
5. **The committee will conduct interviews with prospective recipients after applications have been reviewed.**
6. Promote the project through the 4-H clubs, FFA chapters and other suitable means within our District.
7. Provide a management list for recipient.

SHENANDOAH VALLEY HOLSTEIN CLUB

CALF CHAIN PROJECT

Who is eligible to receive a calf?

1. Any youth between the ages of 9-21, as of Dec.31 of that year, with an interest and ability to carry this project to completion.
2. Be a resident of the Shenandoah Valley Holstein Club area. (Augusta, Rockbridge, and Rockingham Counties)
3. Be willing to become a Junior Member of the Virginia Holstein Association.
4. Be willing to work with an advisor appointed by the club.
5. Have available, adequate facilities and resources to develop calf into an efficient cow.
6. Agree to return first heifer calf to the SVHC.
7. Agree to sign calf project agreement, if and when you are selected to receive this calf.

**IF YOU ARE INTERESTED, CONTACT AND
MAIL COMPLETED APPLICATIONS TO OUR
INTERVIEW COORDINATOR:**

Rosemary Liskey
657 Cross Keys Road
Harrisonburg, VA 22801
540-820-5024

****PLEASE RETURN APPLICATION BY April 11, 2014

You will be informed of interview date and time once we have received all applications.

CALF CHAIN APPLICATION

1. What is the total number of dairy cattle at the facility where calf will be kept? _____
Number of milk cows? _____ Number of registered cows? _____
2. Do you own any registered dairy animals yourself (yes or no)? If so, how many? _____
3. In the herd, are the calves vaccinated against brucellosis at the proper age? (yes or no) _____
4. Is the herd enrolled in DHIA –milk test (yes or no)? _____
5. If so, what is the most recent yearly milk production average per cow? _____ If not, are you willing to put herd on DHIA or place her in a herd on test (yes or no)? _____
6. Are you willing to keep records of growth, feeding practices, costs, etc., as a calf is growing and report to an advisor at least every three months? _____
7. If you receive this calf and it grows to breeding age, what are the qualities you would look for in a sire with which to breed her?

8. What are your plans after graduation from high school and/or the 3 to 4 years?

9. In a short paragraph, please explain why you would like to be selected to receive a registered dairy calf.

APPLICANT

Name _____

Address _____

Phone _____

Birth date _____

Signature _____

PARENT(S) OR GUARDIAN(S)

I-We have read this application and agree with my (son's or daughter's) wishes to apply for the Holstein Club dairy calf. I will help with the responsibilities to make the project a success.

_____ (parent or guardian signature)

Signed:

Junior Member

_____ Date _____

Member's Parent or
Guardian

_____ Date _____

Holstein Club President

_____ Date _____

Advisor

_____ Date _____

Cost or value of original calf _____

Date of Birth _____

Date Calf received from Holstein Club _____

Registration Name and Number _____

Ear Tag Number _____

Date heifer calf returned from original project calf. _____

Date of birth _____

Registration Name and Number _____

Ear Tag Number _____